



**NORTH
CAROLINA
HOUSING**
FINANCE AGENCY

2025 Compliance 101 Training



Presented by NCHFA Staff

<p>Welcome</p> <ul style="list-style-type: none"> A. Agenda 1 B. Agency Contact List & Staff 2 C. Important Updates & Reminders 4 D. 4 <p>Tax Credits, Funding Sources, Administration, & Leasing – The Setup and Planning 18</p> <ul style="list-style-type: none"> A. What is LIHTC 19 B. Roles in the Tax Credit Program 20 C. Benefits of Tax Credit Example 20 D. Qualified Action Plan 21 E. Training Reminders 21 F. NCHFA Lease Addendums 26 G. Recertification Requirements 26 <p>Making the Plans Happen – Administration</p> <p>Leasing, Verifications & HOTMA 27</p> <ul style="list-style-type: none"> A. HOTMA 27 B. NCHFA HOTMA Policy Update 5.0 30 C. Income Exclusions 33 D. Certifications vs Verifications 34 E. HOTMA Impacted Forms 35 F. Students 36 G. HOTMA Impacted Forms Cont. 37 H. Additional Forms 38 I. HOTMA & NCHFA Verification Hierarchy 44 J. HUD Inflation-Adjusted Values 45 K. Streaming & FAST Act 46 L. Typical Income Calculations 46 M. Gig Income 47 N. Electronic/App Assets 48 <p>Fair Housing 49</p> <ul style="list-style-type: none"> A. Federal, State and Local Protected Classes 50 B. Laws Impacting Fair Housing 50 C. Elderly Definition 52 D. Disability Definition 52 E. Reasonable Accommodations 54 F. Service/Support Animals 55 G. Reasonable Modifications 60 H. Language Access Plan (LAP) 62 I. Limited English Proficiency (LEP) 62 J. Common Fair Housing Violations 63 K. Violence Against Women Act 64 L. Fair Housing Training 66 	<p>Physical Inspections – NSPIRE & State Noncompliance 67</p> <ul style="list-style-type: none"> A. About NSPIRE 67 B. NSPIRE Priorities 69 C. NSPIRE Applicability and Timing 69 D. NSPIRE Focus 70 E. NSPIRE Standard 71 F. NSPIRE Inspectable Areas 71 G. NSPIRE H&S Determinations 72 H. NCHFA Response Policy 73 I. Repairs During the Inspection 73 J. 2024 NCHFA NSPIRE Noncompliance 74 K. 2024 NCHFA State Noncompliance 74 L. State/Program PI Policy 75 M. NCHFA Physical Inspection Noncompliance Policy Update 3.0 76 <p>File Reviews and Physical Inspections – How To have an AWARD WINNING Review 79</p> <ul style="list-style-type: none"> A. Review Frequency 79 B. Rough Scheduling 80 C. Release of the Notification Letter 80 D. Review Reminders 81 E. Inspection Preliminary Report 83 F. Inspection 24-Hour Corrections 84 G. Results Letter 85 H. Final Report 87 I. Compliance Resolution Packet 88 <p>Mixed Funding & Requirements – What does it take to build an affordable? housing community? 88</p> <ul style="list-style-type: none"> A. Mixed Funding Reminders 89 B. Income Determinations 89 C. Income Limits/Rent Limits 90 D. Students 91 E. Over Income/Ineligible Households 92 F. Mid-Year Income Changes 93 G. Certification Forms 93 H. Mixed Funding Reference Chart 95 <p>Training Resources 97</p>
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Physical Address:
 3508 Bush Street
 Raleigh, NC 27609-7509

Web Site:
www.nchfa.com

Asset Management Contact List

Main Agency Telephone Number (919) 877-5700
Rental Investment Business Group Fax Number (919) 877-5701
Sandy Harris, Director of Rental Programs, ssharris@nchfa.com (919)877-5649
Susan Westbrook, Manager of Rental Assets, sewestbrook@nchfa.com (919) 877-5647

Asset Management and Compliance Teams:

If you have a general or specific question regarding tax credits or an RPP funded property, contact any of the following:

Tanya Burnett Clark, **tbclark@nchfa.com** (919) 877-5665
Team Leader
Lisa Alston **lnalston@nchfa.com** (919) 877-5669
Chad Bixler **cebixler@nchfa.com** (919) 500-5242
Tammy Douglas **tgdouglas@nchfa.com** (919) 877-5654
Chelsea Isaksen **ckisaksen@nchfa.com** (919) 480-8786
Melissa Keller **mdkeller@nchfa.com** (919) 480-8970
Kim Scott **kascott@nchfa.com** (919) 578-3492
Krista Zimmer **klzimmer@nchfa.com** (919) 480-8947

Sandy Harris **ssharris@nchfa.com** (919) 877-5649
Director of Rental Programs
Amy Barnes **aebarnes@nchfa.com** (919) 850-2869
Susan Caulder **sccaulder@nchfa.com** (919) 981-2641
Louise Gardner **rlgardner@nchfa.com** (919) 877-5663
Heidi Holt **htholt@nchfa.com** (919) 480-2877
Steven James **spjames@nchfa.com** (919) 981-2654
Randa McCauley **rjmccauley@nchfa.com** (919) 981-2691
Dorian Minters **dlminters@nchfa.com** (919) 981-4470
Deborah Simmons **dlsimmons@nchfa.com** (919) 981-4471

If you have a question about the online reporting system (RCRS), contact:
Tanya Clark **tbclark@nchfa.com** (919) 877-5665

If you have a question about Annual Owner Certifications (AOC), contact:
Tanya Clark **tbclark@nchfa.com** (919) 877-5665

If you have questions on RPP rent increases or reserve withdrawals, contact:
Randa McCauley **rjmccauley@nchfa.com** (919) 981-2691

If you have general questions about audited financial statements, contact:
Sandy Harris **ssharris@nchfa.com** (919) 877-5649

If you have a question about utility allowances, contact:
Tammy Douglas **tgdouglas@nchfa.com** (919) 877-5654

If you have a question about the KEY Program payments, contact:
Louise Gardner **rlgardner@nchfa.com** (919) 877-5663

If you have questions about our training requirements, training workshops or workshop schedules, contact:
Steven James **spjames@nchfa.com** (919) 981-2654

If you have questions about our training workshop registration, contact:
Gianna Hargrove-Fletcher **gmhargrovefletcher@nchfa.com** (919) 578-3529

If you have a general or specific question about a Supportive Housing property or shelter, contact:
Susan Caulder **sccaulder@nchfa.com** (919) 981-2641

If you have general questions about physical inspections, contact:
Sandy Harris **ssharris@nchfa.com** (919) 877-5649



2025 Compliance 101 Training

Presented by the NCHFA Training Team

Sandy Harris, Supervisor – Director of Rental Programs
ssharris@nchfa.com

Steven James, Senior Compliance Monitor
spjames@nchfa.com

Krista Zimmer, Compliance Monitor
klzimmer@nchfa.com



NORTH CAROLINA HOUSING FINANCE AGENCY
HousingBuildsNC.com



Joining Us Virtually?

- Prior to the beginning of the training, technical difficulties, please call 919.515.2277
- During the training, technical difficulties, please use the Q & A Box
- If you have compliance questions about the topic or in general, please use the Chat Box
- After training, if you have compliance questions, you may email rentaltrainings@nchfa.com
- Be sure you accessed the training using the name and email that you were registered with to receive credit for attending
- You must attend the entire training in order to receive credit – virtual attendance is tracked
- Closed caption is available for those who need this service provided

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HousingBuildsNC.com

SOME THING NEW



When will I get my certificate?

Survey

- 1 Surveys will be mailed out within 5 business days of training
- 2 After completing the survey, you will receive your certificate
- 3 The survey will be emailed to the email address used to register
- 4 There is a separate survey and certificate for each course



NORTH CAROLINA HOUSING FINANCE AGENCY

Certificate of Participation

Awarded to Casey the Mascot

The above-named person has successfully completed the course denoted below and has qualified for six (6) classroom hours during the 2025 calendar year

Susan Westbrook
Manager of Rental Assets

2025 Compliance 101
In-Person Training

North Carolina Housing Finance
3508 Bush Street, Raleigh NC 27609



Before emailing that you did not receive your survey email... check you junk/spam/delete folder!



Important updates



DISCLAIMER

- The policy/information contained in this presentation was prepared and related handouts are accurate at the time of this presentation
- Upon further release of guidance from the Internal Revenue Service (IRS) and US Department of Housing and Development (HUD) or NCHFA Leadership, additional updates to our policies may be necessary and will be communicated by the North Carolina Housing Finance Agency



VISIT OUR WEBSITE

www.nchfa.com



NEW!



rentaltrainings@nchfa.com

used for both questions during training and general compliance questions

compliancehelp@nchfa.com

used for RCRS questions/issues only



Contact Us!

2025



Annual Owner Certification Due Annually on February 10th

Reminders:

- Failure to submit timely may result in noncompliance
- Read/Understand each question on the certification
- Review Property Activity Report to ensure RCRS is up-to-date
- Have a plan to ensure the certification is completed timely
- Include in the upload any clarification that would prevent the submitted certification from not being approved



If you have any questions, please contact
Tanya Clark at 919-877-5665 or tbclark@nchfa.com



NCHFA HOTMA Delayed New Effective Date: 7/1/2025



- After careful consideration, the Agency has decided to delay implementing HOTMA for properties in our portfolio until **7/1/2025**
- This will correspond with the implementation date imposed by HUD and RD
- The Rental Compliance Reporting System (RCRS) will be updated in time to allow for 1/1/2025 implementation date, as discussed in training
- Therefore if you are ready to move forward in January, please do so
- Major difference triggered by the change: All income certifications with an EFFECTIVE date of 7/1/2025 will be required to be HOTMA-compliant. (If we had implemented in January, we would go by signature date instead of effective date.)
- We have updated our forms with the most recent guidance
- The updated policy and forms will be available on our website



*An email blast was sent out and announcement posted in RCRS
on the RCRS Home Screen under Announcements on 11/27/2024*



Major Announcement: RCRS UPDATE

NAHMA versions 6, 7 and 8 are now supported in RCRS

As of 2/6/2025, companies may now transmit unit events from third-party software using NAHMA upload version 6, 7 or 8

Additional details will follow, including when versions 6 and 7 will be retired

Please contact compliancehelp@nchfa.com if you encounter glitches with RCRS or the upload process

Note: We have corrected the upload process to 'skip' unit events entered earlier

- Please go ahead and manually enter unit events with Key assistance as soon as they are complete, since these events require independent review and approval
- When you do the upload for the month, RCRS will skip any unit events that have been previously entered, and it will accept all unit events not previously entered, as well as those indicated as a "correction"



2025 HUD Inflation-Adjusted Values (Table 1): Effective January 1, 2025

Imputed Asset Income Threshold

- 2025 - \$51,600 (2024 - \$50,000)

Non-Necessary Personal Property Inclusion Threshold

- 2025 - \$51,600 (2024 - \$50,000)

Asset Self-Certification Threshold (Under \$50k Form)

- (will require a form update)
- 2025 - \$51,600 (2024 - \$50,000)

Earned Income Exclusion for Deponent Adult Full-Time Students

- 2025 - \$480 (Unchanged)

Adoption Assistance Exclusion

- 2025 - \$480 (Unchanged)

HUD Passbook Rate

- 2025 - 0.45% (2024 - 0.4%)

NCHFA Policy
Effective 7/1/2025 when HOTMA is implemented



<https://www.huduser.gov/portal/datasets/inflationary-adjustments-notifications.html>



NCHFA Asset Management Compliance Manual

- Updated April 2024
- Includes HOTMA Updates
- Includes NSPIRE/State Noncompliance Updates
- Includes forms updates and MORE
- Future updates may/will be necessary as regulations and policies changes



www.nchfa.com

Rental Housing Partners > Rental Owners & Managers >
Policies, Resources & Forms > Compliance Manual

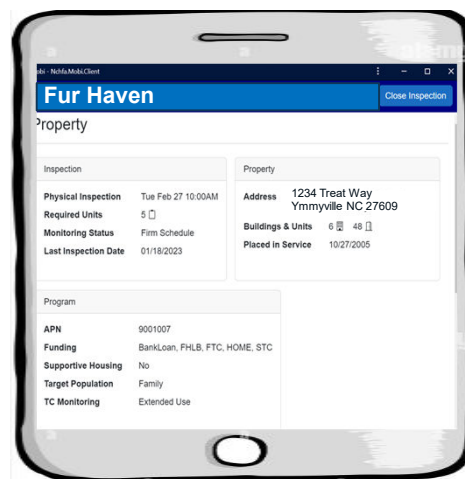


Please be patient with our staff as we learn to use our new inspection software

Thank You!

Continuing with 2025 inspections, we are using tablets and with a updated inspection software to improve the inspection process

- Paperless inspections
- Inspections conducted with consistency with monitoring staff
- Ability to email a inspection report after completing the inspection
- And more!



Rent Increases Before the 8609s Are Issued

- All tax credit deals must have Agency approval until the 8609s have been issued
- When do we discover this has not been done?
 - When Development Staff is Reviewing the Final Cost Certification



consequence



Rents & Lease-Ups

- Ensure rents are updated in RCRS before you start a Lease-up
- If the property opens with rents that are too low, this will cause cash flow issues throughout the life of the property



IMPORTANT



Rent Increase Requirement 2025 Allocations and Going Forward

Regardless of funding Type
Agency Approval Required

Included in the 2025 QAP



**NEW
REQUIREMENTS**



Key Payment Standards Increase Effective January 1, 2025

- Following a thorough analysis of how to ensure equitable Key payment standards across the state, the Agency will assign properties to one of four tiers of Key payment standards
- The tiers were determined by grouping counties with similar rent limits
- Based on LIHTC income and rent limits effective April 1, 2024
 - The following counties will be moving from Tier 1 to Tier 2 (Buncombe, Camden, Carteret, Dare, Granville, Henderson, Iredell, Lincoln, Madison, Pender and Watauga)
 - The following counties will be moving from Tier 2 to Tier 3 (Moore and New Hanover).
- The worksheets are available on our website



www.nchfa.com

Rental Housing Partners > Rental Owners & Managers >
Policies, Resources & Forms > Resident Files > Targeting Program



Updated Key Calculation Worksheets

Targeting Program

[Key Calculation Worksheet—Tier 1](#) (expires after 12/31/24 for all counties not listed on any other worksheets)

[Key Calculation Worksheet—Tier 2](#) (expires after 12/31/24 for Brunswick, Moore and New Hanover)

[Key Calculation Worksheet—Tier 3](#) (expires after 12/31/24 for Currituck, Cabarrus, Chatham, Durham, Gaston, Mecklenburg, Orange and Union)

[Key Calculation Worksheet—Tier 4](#) (expires after 12/31/24 for Franklin, Johnston and Wake)

Key Lease Addendum

[Key Calculation Worksheet—Tier 1](#) (effective 1/1/2025 for all counties not listed on any other worksheets)

[Key Calculation Worksheet—Tier 2](#) (effective 1/1/25 for Buncombe, Brunswick, Camden, Carteret, Dare, Granville, Henderson, Iredell, Lincoln, Madison, Pender and Watauga)

[Key Calculation Worksheet—Tier 3](#) (effective 1/1/25 for Currituck, Cabarrus, Chatham, Durham, Gaston, Mecklenburg, Moore, New Hanover, Orange and Union)

[Key Calculation Worksheet—Tier 4](#) (effective 1/1/25 for Franklin, Johnston and Wake)



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Key Payment Standards Increase Effective January 1, 2025 - Reminders

- The system will automatically pick up the new payment amount for January 1, 2025 when management submits the request on or after December 1, 2024. Management will not need to enter Updates or make changes in RCRS for this to occur
- For move-ins on or before January 1, 2025, management should be using the existing Key calculation worksheet
- For move-ins on or after January 1, 2025, management should be using the new worksheet based on the Tier assigned to the property
- For recerts or update events NOT submitted to NCHFA but signed on or after December 1, 2024, management should use the new calculation worksheets available on our website
- For any recert or update effective 3/1/2025 or later, there should be no exceptions to using the updated forms because the new calculation form will be published 120+ prior to this date



If you have any questions, please contact
Louise Gardner at 919-877-5663 or rlgardner@nchfa.com



NCHFA & USDA Effective Dates

Households in RD properties with an RD move-in effective date of January 1st will need to perform a recertification in the actual month of the move in

- For example: Tenant moves in December 26th, with an RD effective date of January 1. The RCRS effective date should be December 26th for the move-in, not January 1
 - The annual recertification should be effective on December 1st (or no later than December 26th) instead of January 1st
 - Future recerts for this household will be on December 1st because the full recert on December 1st changes the anniversary date



- ✓ *Interim recerts for HUD properties do NOT change the anniversary date, because only the information that changed is verified*
- ✓ *RD requires all data to be verified at any recert, so this starts the clock over*



Updating RCRS Contacts Requirements

- Each Management Company has a RCRS Administrator who can assign contacts, roles, tags and re-set user passwords
- Ensure that Management and Owner contacts in RCRS are current for each property in the portfolio
- Ensure that contact roles are updated for each property as staff changes occur
 - Physical Inspection Contact
 - File Review Contact
 - Key Contact
 - Primary Compliance Contact
 - Project Specific Contact
 - On-Site Contact – If not updated state noncompliance will be issued
 - Operations Contact
 - Financial Contact



If additional assistance is needed
Email compliancehelp@nchfa.com



Submitting Documents



Upload In RCRS Only



- Do Not**
- Email to Staff
 - Use Drop Box





Approved Management Companies

REPORT CARDS NOW AVAILABLE!

Management Company Report Cards

- Tax Credit Experience
- Valid Real Estate License & Registered with the NC Dept of Commerce
- Key Program Compliance
- RCRS Timely Updates
- Training Requirement
- Tax Credit Designation
- No Uncorrected Noncompliance








Approved Management Company Report Card

Must have at least one similar project in their portfolio

- for example, to manage a new LIHTC property, the company must currently be managing a property in the IRS Compliance Period
- the property does not have to be in North Carolina

Must have a valid North Carolina Real Estate License and be registered as a business with the North Carolina Secretary of State

- if the management company feels it is not required to have a North Carolina Real Estate License, an attorney opinion letter must be provided stating this



NCHF Staff monitor the North Carolina Real Estate and North Carolina Secretary of State's website annually



Approved Management Company Report Card

Requesting Key assistance timely and accurately (if applicable)

- **Timely Payments:** Reviewed quarterly. Payment request are anticipated monthly, and the laps between payments must be less than 90-days to be considered timely
- **Requesting Vacancies:** Random sampling quarterly to compare move-out date in RCRS to date of vacancy report in V&R. The vacancy must be reported within 8 **calendar** days to be considered timely.
- **Reporting in V&R Timely:** Periodic random sampling of vacancies/referrals provided

Quarterly Reports are emailed to Management Companies with issues



If you have any questions, please contact
Louise Gardner at 919-877-5663 or rlgardner@nchfa.com



Approved Management Company Report Card

Reporting in the Agency's Rental Compliance Reporting System (RCRS) timely and accurately (if applicable)

- Allowable percentage: 85%
- This is an activity management must track

At least one staff person in a supervisory capacity has attended at least three Agency sponsored trainings within the calendar year

- Compliance 101 Training
- Advanced Compliance Training
- Targeting and Key Training
- August/September annually, reminder emails are sent to Management Companies not meeting the requirement



If you have any training requirement questions, please contact Steven James at spjames@nchfa.com



Approved Management Company Report Card

At least one staff person serving in a supervisor capacity has been certified with one of the tax credit compliance designation recognized in the Appendix C of the current Qualified Allocation Plan (QAP)

- Grandfathered if currently on Approved list.
- This is presumed not to have changed, so there is no need to verify, however, random sampling ensuring the requirement is met may be solicited at the discretion of the Agency

No project in the Management Companies portfolio with material or uncorrected noncompliance beyond the cure period, unless there is a plan of action to address the issue(s) approved by the Agency

- Management must complete Compliance Resolutions Packet (CRP) in RCRS to address uncorrected noncompliance



Uncorrected Noncompliance
Management Must Track



Approved Management Company Report Card

Implementing a rent increase on an existing property without the Agency approval, if pre-approval of rent increases is required

- There is **no** correction for this issue
- Rent increase implemented without approval as POST APPROVAL via RCRS or file reviews
- Note the change for rent increases for 2025 allocations of all funding types
- Rent increases is covered in detail during the Advanced Compliance Training



Continue to be in the spotlight!



If you have any questions about rent increases, please contact Randa McCauley at rjmccauley@nchfa.com



Approved Management Company Report Card Interim Progress Reminders

When the Interim Progress Reminders (if applicable) are received

- Follow-up with us
 - Late submissions due to Evictions
 - Residents not cooperating with recertifications
 - Change in management company/issues
 - Any other issues we need to be aware of
 - Ask questions
 - Do not wait until the end of the year

Who receives the Interim Progress Reminders and the Report Card

- Authorized Official from Ownership Entity
- Operations Contact from the Management company



***Keep contacts updated in RCRS
for all the properties in your portfolio***



Initial Certifications in RCRS

Resyndication (most common)

- When an existing TC property gets a new allocation of credits, Management is asked to qualify the existing tenants by performing a full recertification
- This should be called an Initial Certification (IC), because it sets a new baseline qualification for the household under the new TC allocation
- Because the system previously didn't allow ICs, management handled as a MO/MI or they simply called the event a recertification
- Now properties that get a new allocation of credits will be able to correctly classify the event as an IC

NOTE: If the existing TC property is still in extended use, any existing tenants are grandfathered under the original allocation if over income as of the IC

- It is becoming increasingly popular to allow the extended use period to end before seeking a new TC allocation. If the extended use period has ended, or if there was never a TC allocation in the past, existing tenants are NOT grandfathered, regardless of whether they qualified previously or not



**RCRS Update Will be available
the beginning of March 2025**



Initial Certifications in RCRS

New Household is Formed

The other time it is appropriate for there to an IC is when all original Household members move out, leaving only members who were added after the initial move-in.

- The newly formed Household must qualify as if they were a new move-in, but this can be called an Initial Cert.

For example, Casey the Mascot moves into Fair Grounds Apartments on 6/1/2022 and he is the only Household member. On 9/1/2023, his friend Ms. Wulf moves in with him, which is fine regardless of income level. On 1/15/2025, Casey decides to move out, but Ms. Wulf wants to stay in the unit. There needs to be an IC effective 1/15/2025 to document that Ms. Wulf is an eligible Household. If Ms. Wulf is not eligible as a new Household on this date, she must be required to vacate when Casey leaves. She is not protected since he wasn't part of the original household.



**RCRS Update Will be available
the beginning of March 2025**



Online Video Clips

Check back often for added content!

Asset Management
North Carolina Housing Finance Agency
14 videos · Last updated on Apr 21, 2022

1 **Get the Facts On Fair Housing**
North Carolina Housing Finance Agency (7:08)

2 **Targeting Program and Key Rental Assistance 101**
North Carolina Housing Finance Agency (3:54)

3 **LANDLORD TCLV Overview**
North Carolina Housing Finance Agency (3:07)

4 **RCRS Manage User Account Instructions**
North Carolina Housing Finance Agency (10:03)

5 **RCRS Annual Owner Certification Instructions**
North Carolina Housing Finance Agency (9:57)

6 **RCRS Compliance Resolution Packet Instructions**
North Carolina Housing Finance Agency (5:00)

Vacancy and Referral Training

YouTube

Available on our YouTube Playlist

HousingBuildsNC.com

The Setup & Planning Tax Credits, Other Funding Sources, Administration & Leasing

**NCHFA Rental Asset Management
Compliance Fair**

HousingBuildsNC.com

What is Low Income Housing Tax Credits (LIHTC)

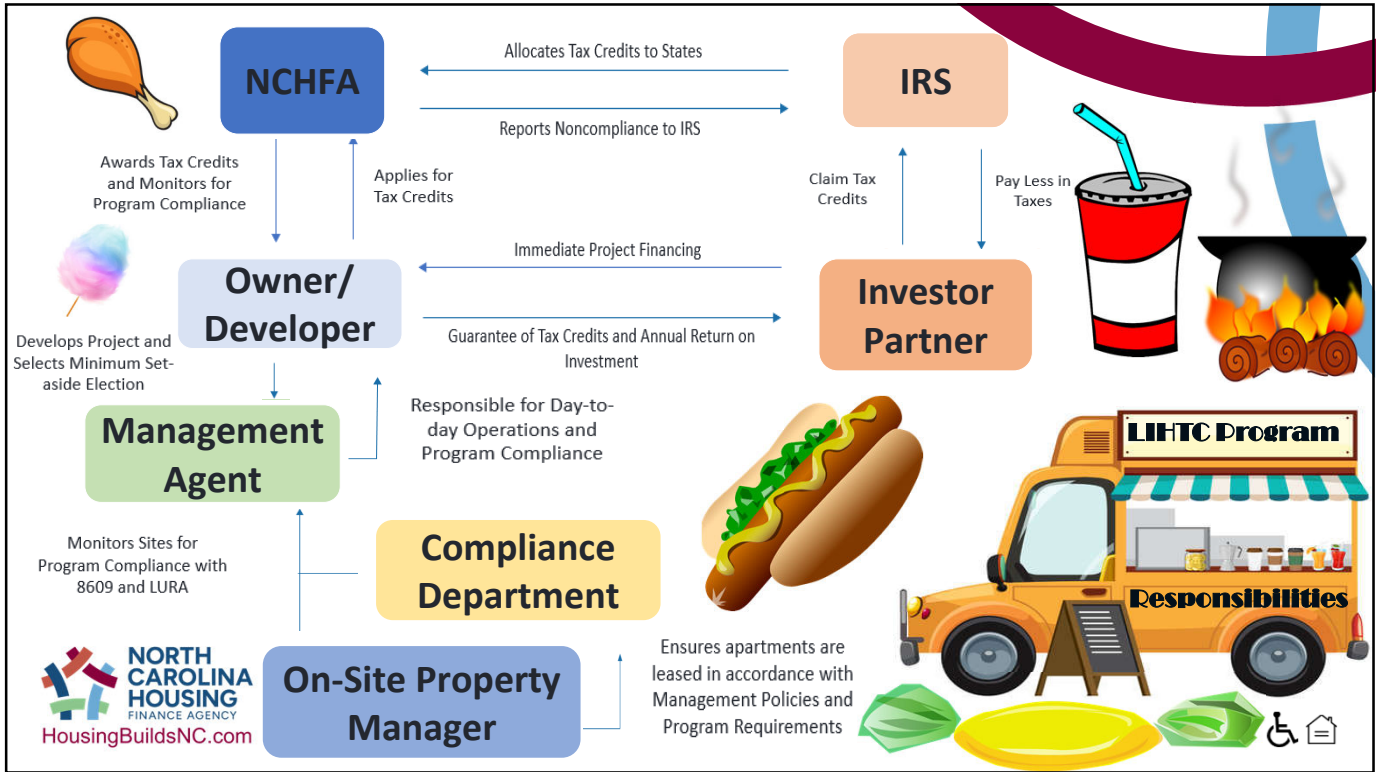
Created by Congress as part of the Tax Reform Act of 1986, the Low Income Housing Tax Credit (LIHTC) generates private capital investment used to finance the construction and rehabilitation of affordable rental housing for household earning on average 60 percent or less of the areas median income. According to the Joint Center for Housing Studies at Harvard University, the housing tax credit is “widely regarded as the most successful housing production and preservation program in the nation’s history.” Since being enacted, the LIHTC program has helped develop more than 3.34 million affordable housing units.



LIHTC Highlights

- Provides a tax incentive to build or rehabilitate affordable rental housing for low-income households earning less than selected Area Median Income (AMI). Ex. 20 @ 50%, 40 @ 60%, Average Income (20% - 80%)
- Components of the Housing Credit Program are:
 - 9% Credits – Congress sets the limit based on the population per state.
 - 4% Credits – Tax exempt bonds
- Owners/Developers sell these credits to raise money to develop and construct the property, allows them to borrow less money
- Investors receive a 10-year tax credit based on the cost to build or rehabilitate the housing





	LIHC Project	Conventional Project	Calculation
Eligible Basis (Cost of 75 unit project)	\$7,500,000	\$7,500,000	75 x \$100,000
Annual Credit (based on LIHTC Rate 9%)	\$675,000	-0-	\$7,500,000 x 9%
Total Credit	\$6,750,000	-0-	\$675,000 x 10 years
Amount to Investor	\$6,749,933	-0-	\$6,750,000 x 99.999%
Cash from investor (based on \$0.85/\$1 credit)	\$5,737,443	-0-	\$6,749,933 x \$0.85
Loan from bank	\$1,762,557	\$7,500,000	
Debt Service (based on 6% APR for 20 yrs)	\$151,536	\$644,784	Annual loan payment
Rent per unit/month	\$168	\$716	Debt Service/75/12



Benefits of Tax Credits



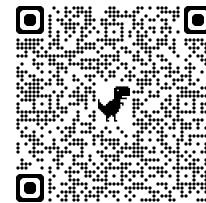
Qualified Action Plan (QAP)

Developments are selected based on criteria listed in the QAP

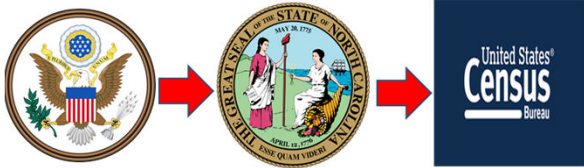
- Updated Annually
- Identifies the type, location and other characteristics needed for affordable housing throughout the state
- Properties are allocated credits based on that years QAP
- Available NCHFA Website



<https://www.nchfa.com/rental-housing-partners/rental-developers/qualified-allocation-plan/2025-qualified-allocation-plan-qap>



LIHTC – Where



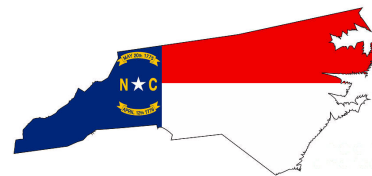
Where can they be built?

Preferably within a half mile of an area that is well maintained. No visible signs of deterioration and near Schools, Grocery Stores and Pharmacies. The closer the better



Where do they come from?

Tax Credits come from the Federal government and are issued to states based on their population



Where do you submit the application?

The Application is submitted online through the Rental Tax Credit Application System (RTC App)

LIHTC Benefits



- Dollar-for-dollar reduction in federal tax liability
- Helping fund affordable housing

- Creating quality affordable housing
- Active role in helping the community



MANAGEMENT



- Providing positive communities for growth
- Ensuring safe housing for low to moderate income households



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[Rental Development Financing Options](#)

[How Do I Apply for Funding?](#)

[Qualified Allocation Plan](#)

[Timeline and Events](#)

[Find Awarded Projects](#)

[CHDO Information](#)

[Section 3 Local Jobs Initiative](#)

[> Español](#)

Timeline and Events

Housing Credit Application Process

Deadlines for the Housing Credit application process are spaced throughout the year. It is of paramount importance that applicants meet these deadlines. In addition to application deadlines, you will find the projected dates for various notifications below.

Application and Award Schedule

The following schedule will apply to the 2025 application process for 9% Tax Credits and the first round of tax-exempt bond volume and 4% Tax Credits.

January 17: Deadline for submission of preliminary applications (12:00 noon)

March 10: Market analysts will submit studies to the Agency and Applicants

March 21: Notification of final site scores

March 24: Deadline for market-related project revisions (5:00 pm)

April 7: Deadline for the Agency and Applicant to receive the revised market study, if applicable

May 9: Deadline for full applications (12:00 noon)



Updated annually on the Agency website
Rental Developers Tab > Timeline and Events Tab



- Rental Development Financing Options
- How Do I Apply for Funding?
- Qualified Allocation Plan
- **Timeline and Events**
- Find Awarded Projects
- CHDO Information
- Section 3 Local Jobs Initiative

Tax-Exempt Bond Process

The Agency will also accept tax-exempt bond volume and 4% Tax Credit applications any time between May 1 and October 1 (5:00 pm). When a preliminary application has been submitted in this timeframe, a schedule of milestones will be provided to the Applicant. The preliminary application submission date will determine when those milestones occur which will follow a time frame similar to the 9% Tax Credit round. The Agency will work with the Applicant to determine if the project will receive 2025 or 2026 volume cap. Full applications can be submitted no later than January 9, 2026.



The LIHTC Process Continues

✓ Construction inspections after allocation:

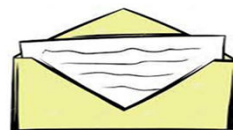
- Framing
- Final

✓ Commitment Letters – Agency Funding:

- Conditional
- Final

✓ 8609

- Part I is completed by NCHFA once the Final Cost Certification has been submitted/reviewed
- Part II is completed by owner and submitted with first year tax return
- Once signed and filed with IRS, a copy must be uploaded into RCRS



NCHFA Training Reminders

Qualified Allocation Plan (QAP) Required Training Management (every calendar year)

- Attend Compliance 101, Advanced Compliance Training and DHHS Targeting & Key Assistance Training (if applicable)
- One Supervisor must maintain tax credit certification

Owners/Developers

- Attend either Compliance 101 or Advanced Compliance Training in order to obtain 8609s

Fair Housing Training Also Provided



www.nchfa.com

Rental Housing Partners >
Rental Owners & Managers > Train With Us



Property Specific Training

Tenant Selection Plan

- Who does it apply to
- What does it contain
- Screening criteria
- Appeals process
- Where to post



Requirements

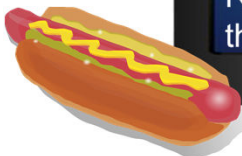
- Owner
- Management Company
- Investor, etc.

Tenant Software

And Other
Regulatory Software



RCRS Requirements



Unit events are required to be updated in RCRS within 30-days from the unit event date

- Move-ins
- Recertifications
- Move-outs
- Includes Market and Employee Units

Move-in documents uploaded within 30 days of move-in

- Lease-ups – 60 days allowed to upload

Recertifications do not require document uploads unless the household is a Targeting Unit

Don't Forget!
Update Vacancy and Referral
(if applicable)

- Vacancies
- Application Status



For additional RCRS instructions, when logging in RCRS, on the "Home" page, click on "Announcements" and select "Welcome! (Includes link to instructions)"



RCRS Reminders



Building Browser

- Buildings
 - NC-02-00033
 - NC-02-00186
 - 112-10
 - Move In - 04/29/2024**
 - Move Out - 03/14/2023
 - Recertification - 05/01/2023
 - Transfer In - 05/01/2022
 - Move Out - 04/30/2022
 - Recertification - 02/01/2022
 - Recertification - 02/01/2021
 - Move In - 02/01/2020
 - Transfer Out - 11/18/2019
 - Recertification - 03/01/2019
 - Recertification - 03/01/2018
 - Recertification - 03/01/2017

Unit Event Documents

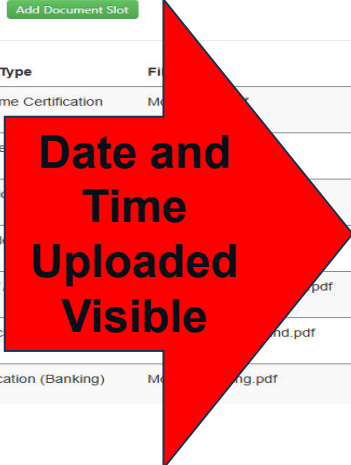
RCRS Management Company Process Suggestions

Select a File Type:

Description (Optional):

[Add Document Slot](#)

Document Type	File Name	Date Uploaded	Uploaded By
View	Tenant Income Certification	6/12/2024 11:14 AM	YOUR NAME HERE
View	Income Asset Worksheet	6/12/2024 11:15 AM	
View	Rental Application	6/12/2024 11:16 AM	
View	Annual Study	6/12/2024 11:17 AM	
View	Disposed of	6/12/2024 11:18 AM	
View	Asset Verification (Hand)	6/12/2024 11:20 AM	
View	Asset Verification (Banking)	6/12/2024 11:21 AM	





NCHFA



Lease Addendum Requirements

Tax Credit Lease Addendum

- Required for move-ins effective 1/19/2019
- Required to be executed for existing households for recertifications effective 1/19/2019

HOME Lease Addendum

- Required for move-ins effective 6/19/2019
- Required to be executed for existing households for recertifications effective 6/19/2019
- FOR HOME properties: NCHFA requires **all** units to float as HOME units

National Housing Trust Fund (NHTF) Lease Addendum

- For NHTF properties: NCHFA requires **all** units to float as NHTF units

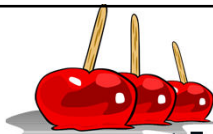
Properties with Multiple Funding Sources

- Must use applicable addendums to all funding sources



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Rental Housing Partners > Policies, Resources & Forms > Resident Files



NCHFA



Recertification Requirements

NCHFA requires a recertification on the first anniversary of the move-in date for straight tax credit projects. Thereafter, an update of:

- ✓ Household composition (Recert Questionnaire is acceptable)
- ✓ Student status (NCHFA Annual Student Certification)
- ✓ Rent rate (NCHFA TIC, Lease Renewal Addendum, New Lease)

NCHFA allows a recertification effective date of either:

- ✓ The move-in month and day (next year)
- ✓ The first day of the move-in month

Don't forget to update RCRS



RPP funded and Average Income projects annual require recertification



Mapping Out Compliance to Qualifying a Household



HOTMA



Forms



Calculations



Examples



Streamlining & FAST Act



NCHFA Rental Asset Management Compliance Fair



HOTMA Timeline



The Housing Opportunity Through Modernization Act of 2016 (HOTMA) was signed into law on 7/29/2016

- 9/17/2019, HUD issued a Proposed Rule to implement HOTMA
- 2/14/2023, HUD issued a Final Rule stating that Owners must fully comply with HOTMA on 1/1/2024



The Final Rule for HOTMA regulations took effect on 1/1/2024

(NCHFA allows early implementation if management is ready in 2024)

- 9/29/2023, HUD issued Supplemental Guidance and delayed implementation to when Owners software is compliance with total compliance due 1/1/2025



Delayed Delayed Delayed Delayed Delayed
1/1/2025 implementation date required for all HUD program and for all NCHFA funded properties

- 9/20/2024, HUD extends new deadline to 7/1/2025



7/1/2025 new implementation date required for all HUD programs and for NCHFA funded properties (may implement early if management is ready)



10/3/2024, Rural Development provided an update that implementation was being delayed until 7/1/2025. Additional guidance from RD can be found at <https://www.rd.usda.gov/programs-services/multi-family-housing-programs>



Certification Overview

What changed with HOTMA?

1. Completed application/questionnaire
2. Determine household size
3. Verify the household's student status, income and assets
4. Calculate the household's total annual income
5. Compare the gross annual household income to the qualifying income
6. Complete the Tenant Income Certification "TIC"
7. Review process as required (compliance department or third-party)
8. Clarify/re-verify documentation/information as needed
9. Final approval received (if applicable)
10. Sign and date all documents
11. Move household in
12. Organize/complete the resident file

NEW



***A Well-Designed
Application/Questionnaire is Key!***



NCHFA HOTMA Delayed

New Effective Date: 7/1/2025



- After careful consideration, the Agency has decided to delay implementing HOTMA for properties in our portfolio until **7/1/2025**
- This will correspond with the implementation date imposed by HUD and RD
- The Rental Compliance Reporting System (RCRS) will be updated in time to allow for 1/1/2025 implementation date, as discussed in training
- Therefore if you are ready to move forward in January, please do so
- Major difference triggered by the change: All income certifications with an EFFECTIVE date of 7/1/2025 will be required to be HOTMA-compliant. (If we had implemented in January, we would go by signature date instead of effective date.)
- We have updated our forms with the most recent guidance
- The updated policy and forms will be available on our website



***An email blast was sent out and announcement posted in RCRS
on the RCRS Home Screen under Announcements on 11/27/2024***



Home Property List Property Menu

Add Unit Event

Event Type*: Move In Use HOTMA Rules*: Yes

Event Date*: 2/10/2025



Tenant Type*: Low Income

Housing Assistance Type*: No Assistance

DHHS Targeting*: No



NEW

Move-in Unit and Recertification Unit Events
Indicate if implementing the HOTMA rules

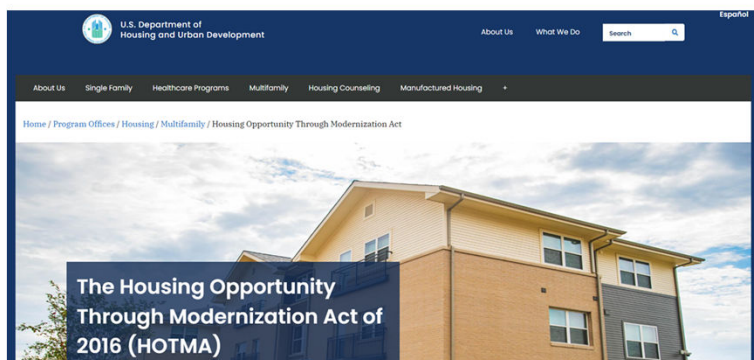
Adrian completes and signs his 7/1/2025 recertification paperwork on 5/28/2025. Because he completed the recertification before the NCHFA 7/1/2025 implementation date of HOTMA, does the recertification have to be HOTMA Compliant?

WHAT I HAVE LEARNED

HOTMA Guidance

For published PIH/MFH housing notices, webinars and other Implementation assistance, refer to the HOTMA MFH Webpage



HOTMA MFH Webpage

https://www.hud.gov/program_offices/housing/mfh/hotma



North Carolina Housing Finance Agency: Policy Update 5.0 Housing Opportunity Through Moderation Act (HOTMA) *Required for all certifications effective 7/1/2025 or later (effective date not signature date)*

Income (inclusions, exclusions, calculations)

24 CFR § 5.609 (c)

- Inclusions: HOTMA removed the sources of income listed in 24 CFR § 5.609 (b) and instead replaced by an expanded and clarified list of income exclusions found in 24 CFR § 5.609 (c)
 - Note: See Student Financial Assistance Section
 - Student employment income: Earned income of dependent full-time students is excluded in excess of the amount of the deduction for a dependent
 - Adoption Assistance: Include Adoption Assistance up to an amount equal to the current Dependent Deduction
- Exclusions:
 - Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization
 - Lump-sum additions to net family assets, including but not limited to lottery and other contest winnings
 - Temporary, nonrecurring, or sporadic income
 - Income that will not be repeated in the coming year (12 months following) based on information provided by the family (example: Census takers)
 - Day laborers, independent contractors, and seasonal workers are NOT considered temporary, nonrecurring, or sporadic and are all specifically included in family income
 - Workman's Compensation 24 CFR § 5.609 (c)(5)
 - Earned income of children under the age of 18 years
- Verifications:
 - New Requirement (except HOME/NHTF): Only required to obtain a minimum of TWO consecutive paystubs, no matter how often individual is paid
 - HOME/NHTF requirement remains unchanged: two MONTHS worth of pay stubs
 - NCHFA will not accept annual income determined by another administrator, regardless if that verification meets all the HUD requirements



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Rental Housing Partners > Rental Owners & Managers >
Policies, Resources & Forms > Ownership/Management



North Carolina Housing Finance Agency: Policy Update 5.0
Housing Opportunity Through Moderation Act (HOTMA)
Required for all certifications effective 7/1/2025 or later (effective date not signature date)

Assets (exclusions, verifications, calculations)

24 CFR § 5.659 (e)

Note: Annual Asset Self-Certification Threshold (2024 = \$50,000. 2025 = \$51,600. To be adjusted annually by HUD)

- Asset Exclusions 24 CFR § 5.609 (b)(3)
 - Necessary personal property
 - Items essential to the household for day-to-day employment, education, health & wellness
 - Examples: furniture, clothing, medical equipment, common electronics
 - Non-necessary personal property with a combined value less than annual asset self-certification threshold is excluded
 - Items not essential to the household for day-to-day employment, education, health & wellness
 - Examples: recreational vehicles, bank accounts, collectibles
 - Retirement plans recognized as such by the IRS (www.irs.gov)
 - Annuities, Stocks, Bonds, CDs, etc. that are part of a retirement account are also excluded
 - If receiving a distribution, the distribution is considered income
 - Federal & state tax refunds
 - If total net family assets exceed annual asset self-certification threshold the value of the tax returns must be verified
- Real Property in NC:
 - Land/building or structure/permanent fixture: Always counted as an asset 24 CFR § 5.100
 - A single/double wide home: If local office deems it personal property, it is not included as an asset and not listed on TIC
 - Real property where the household does not have the legal authority to sell is excluded
- Asset Verification:
 - Asset Self Certification:
 - HOME/NHTF must continue third party verification of ALL assets at move-in
 - When total household assets are below annual asset self-certification threshold, certify using the Asset Self Certification
 - When total household assets exceed annual asset self-certification threshold, all assets must be 3rd party verified
 - Unless tax return reduces household assets below the annual asset self-certification threshold
 - For ALL funding sources, the Asset Self Certification is permissible at annual recert



*Check often for updates
as new guidance is issued!*



North Carolina Housing Finance Agency: Policy Update 5.0
Housing Opportunity Through Moderation Act (HOTMA)
Required for all certifications effective 7/1/2025 or later (effective date not signature date)

- Checking Accounts: 6-month average is no longer required. New requirement is the current balance, just as a savings account
- Joint Assets: Total cash value of the asset is counted (no matter the % of ownership to the household member), unless the asset is otherwise excluded or unless the household can demonstrate the asset is inaccessible
- Asset Income:
 - Impute assets only when total assets exceed annual asset self-certification threshold
 - Impute **ONLY** those where asset income is not verifiable
 - Impute using current HUD passbook rate
 - Never impute ALL asset value (unless ALL do not have verifiable income)
 - Example of imputed assets: Land does not have a verifiable asset income because it does not produce income (land will always be imputed)
- Disposed of Assets: All disposed of assets need to be considered. Removed the \$1,000 threshold.
- Actual income from assets is always counted, regardless if the asset itself is excluded (i.e. interest on a checking account)
- Note: Guidance, particularly related to assets, is constantly changing, more information on asset requirements to come in the future



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Rental Housing Partners > Rental Owners & Managers >
 Policies, Resources & Forms > Ownership/Management



**North Carolina Housing Finance Agency: Policy Update 5.0
Housing Opportunity Through Moderation Act (HOTMA)**
Required for all certifications effective 7/1/2025 or later (effective date not signature date)

Student Financial Assistance

24 CFR § 5.609(b)(9)

Applies to ALL households, not just those receiving Section 8 assistance

- All student financial assistance over covered cost of education is included in income, except HEA Title IV Assistance
 - Actual Covered Costs: Tuition, Fees, Books & Supplies, Room & Board
 - Example of HEA Title IV Assistance: Federal Pell Grants
 - Applies to both full-time and part-time students

Child Support

24 CFR § 5.609(a)(1)-(a)(2)

- Annual income includes “all amounts received”, not the amount that a family may be legally entitled to receive but which they do not receive
 - If Child Support Enforcement is not involved and no CSE printout is available, NCHFA will allow the use of the Child Support Certification to be used as a self-affidavit
 - When calculating income: only the actual amount received is to be calculated

Foster Adult & Child

24 CFR § 5.609(b)(8)

To be considered a foster adult/child; that adult/child must be placed with the family by an authorized placement agency (e.g. public child welfare agency)

- ALL income received by fosters is excluded from income
- Any assets held by fosters must be excluded
- Fosters must not be included when determining household size for income limits
 - Are included when determining bedroom size



*Implement HOTMA Successfully
by becoming familiar with the Federal and State Policy*



**North Carolina Housing Finance Agency: Policy Update 5.0
Housing Opportunity Through Moderation Act (HOTMA)**
Required for all certifications effective 7/1/2025 or later (effective date not signature date)

Form Changes

- Asset Verification
- Child Support Certification
- Recertification Questionnaire
- Rental Application
- Student Financial Assistance Calculation Worksheet (New Form)
- Student Status – Assistance Verification (New Form)
- Tenant Income Certification (Required Form)
- Asset Self Certification (Required Form)

Additional Guidance

- Published PIH/MFH housing notices, webinars, and other implementation assistance
 - Refer to the HOTMA MFH Webpage https://www.hud.gov/program_offices/housing/mfh/hotma



www.ncha.com

Rental Housing Partners > Rental Owners & Managers >
Policies, Resources & Forms > Ownership/Management

NCHFA – Updated 12/1/2024



Natalie has disclosed that she has a checking account with a \$500 cash balance and a 401k account with a cash value of \$10,000. Her roommate America has disclosed she has a pay card with a cash balance of \$500. What is the cash value of the household's assets?



Income Exclusions (updated 1/31/2024)

Federal Register / Vol. 89, No. 21 / Wednesday, January 31, 2024 / Notices

6127

Development, 451 7th Street SW, Room 10276, Washington, DC 20410-0500.
SUPPLEMENTARY INFORMATION: Under several HUD programs (Mortgage Insurance and Interest Reduction Payment for Rental Projects under 24 CFR part 236; Section 8 Housing Assistance programs; Public Housing programs); HOME Investment Partnerships Program under 24 CFR part 92; Housing Trust Fund under 24 CFR part 93; Housing Opportunities for Persons With AIDS under 24 CFR part 574, the definition of income excludes amounts of other benefits specifically excluded by Federal law.

Determination Act (NAHASDA) (25 U.S.C. 4101 *et seq.*) to more accurately capture the language of 25 U.S.C. 4103(9), listed as exclusion (23);
(5) Corrects that any assistance, benefit, or amounts earned by or provided to the individual development account are excluded from income, as provided by the Assets for Independence Act, as amended (42 U.S.C. 604(h)(4)), listed as exclusion (25);
(6) Corrects that the first \$2,000 of per capita payments are also excluded from assets unless the per capita payments exceed the amount of the original Tribal Trust Settlement proceeds and are made

Act of 1973 (42 U.S.C. 5044(f)(1), 42 U.S.C. 5058), are excluded from income except that the exclusion shall not apply in the case of such payments when the Chief Executive Officer of the Corporation for National and Community Service appointed under 42 U.S.C. 12651c determines that the value of all such payments, adjusted to reflect the number of hours such volunteers are serving, is equivalent to or greater than the minimum wage then in effect under the Fair Labor Standards Act of 1938 (29 U.S.C. 201 *et seq.*) or the minimum wage, under the laws of the State where such volunteers are serving, whichever is the greater (42 U.S.C. 5044(f)(1)). This



<https://www.govinfo.gov/content/pkg/FR-2024-01-31/pdf/2024-01873.pdf>



Gabe has employment income of \$25,000 annually along with Lyft income of \$5,000. His roommate, Angel, is currently out of work and receives \$25,000 annual in Worker's Compensation. What is the Household annual income?



Certification vs Verification

Certification: Completed by the applicant/resident

Verification: Completed by a third-party individual

Reminder:

- Completed in their entirety – no sections left incomplete
- Blank sections – acceptable to use a clarification for missing information
- Not permissible to correct forms – provide a new form to complete



HOTMA Impacted Forms

RENTAL APPLICATION

RECERTIFICATION QUESTIONNAIRE

Office Use Only:
Date Rec'd: _____ Time: _____ am/pm

Rental Application & Recertification Questionnaire

- Revised Version 1/2024 – Best Practice Form

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Child Support Certification

- Revised Version 1/2024 – Best Practice Form

STUDENT FINANCIAL INCOME CERTIFICATION

One form to be completed PER student receiving financial assistance. Attach required documentation as needed.

Student Financial Income Certification

- Revised Version 7/2024 – Best Practice Form

STUDENT STATUS/ASSISTANCE VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of student status. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

Student Status/Assistance Verification

- Revised Version 7/2024 – Best Practice Form

Student Financial Income Worksheet

- Revised Version 1/2024 – Best Practice Form

STUDENT FINANCIAL INCOME WORKSHEET

One form to be completed PER student receiving financial assistance. Attach required documentation as needed.



DATE: _____ DEVELOPMENT NAME: _____
SCHOOL NAME: _____
EMAIL: _____
PHONE: _____
Development Name: _____
Applicant/Resident Name: _____ Unit No: _____
Certification Type: Initial Recertification (Effective Date: _____)

The following is to be completed by management.
Information utilized to determine amounts to be listed on Tenant Income Certification.
(Note: Information disclosed may require additional documentation)



Carolina is a full-time student, she is receiving the following grants and scholarships: \$23,000 in a federal Pell Grant, a \$5,000 Teach Grant and another \$5,000 scholarship from a local travel ball team. Her actual covered cost are \$28,000.

How much student financial assistance is excluded under 479B of the HEA?

How much assistance is would be counted as income?



What if?

Juan is a full-time student, he is receiving the following grants and scholarships: \$23,000 in a federal Pell Grant, a \$5,000 Teach Grant and another \$5,000 scholarship from a mentor program. His actual covered cost are \$34,000.

How much assistance is would be counted as income?



Students



Student Eligibility

Households consisting entirely of full-time students are not eligible unless they meet one of the 5 exceptions:

1. Any member married and entitled to file a joint tax return
2. At least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent?
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws?
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care?



HOTMA Impacted Forms (cont.)

ASSET SELF-CERTIFICATION

ANNUAL ASSET THRESHOLD: _____

For households whose combined assets do not exceed the annual asset self-certification threshold. Complete only one form per household; include assets of all household members including children. Form cannot be used for HOME/NHTF at move-in.

Asset Self-Certification

- NCHFA Version is a required form
- Formerly known as the Under \$5k/\$50k Form
- Revised Version 12/2024

ASSET VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of assets. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

Asset Verification

- Revised Version 1/2024 – Best Practice Form
- Ensure versions - HOTMA changes

Development Name: _____

Head of Household Name: _____

Unit No: _____

DATE: _____

COMPANY NAME: _____

DEVELOPMENT NAME: _____

EMAIL: _____

EMAIL: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT regarding release of information for the above named development project to state for use:

TENANT INCOME CERTIFICATION

Initial Certification Recertification Other*

Effective Date: _____
Initial LIHTC Qualification Date: _____
Move-in Date: _____

PRINTED NAME: _____

SIGNATURE: _____

PART I. DEVELOPMENT DATA
Property Name: _____ County: _____ BIN #: _____
Address: _____ Unit Number: _____ #Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION					
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (circle one)
1					FT / PT / NAP
2					FT / PT / NAP
3					FT / PT / NAP
4					FT / PT / NAP
5					FT / PT / NAP
6					FT / PT / NAP
7					FT / PT / NAP

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr#	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
	Total Income (E):			\$

Important Note | If the above total value [A] is less than _____ from:



Additional Forms

ANNUAL STUDENT CERTIFICATION

Complete one form per household.

Annual Student Certification

- NCHFA Version is a required form

EMPLOYMENT VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

Employment Verification

- Paystubs – preferred method
- NCHFA Version is a required form if utilized
- All sections must be completed to be valid

CLARIFICATION STATEMENT

To be completed anytime further information/clarification is needed. Form should be used to clarify missing information, not to correct information received.

Clarification Statement

- Best Practice Form
 - Missing information v/s Correcting
- ### Income/Asset Calculation Worksheet
- Best Practice Form/Tenant Software Provided
 - Show your work-Findings cited if not uploaded

PART 1 - SELECT ONE OPTION:

INCOME/ASSET CALCULATION WORKSHEET

Attach calculator tapes as needed.

Development Name: _____

Applicant/Resident Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)



INCOME:

SOURCE	GROSS AMOUNT	PAY FREQUENCY	ANNUAL AMOUNT	DESCRIPTION (i.e. company name, HH mbr name)
Wages/Salaries				
Social Security/SSI				



Additional Forms (cont.)

SUPPLEMENTAL DEMOGRAPHIC FORM

Form should be completed for all new move-ins.

Supplemental Demographic Form

- Used at move-in for all household members
- Captures demographics needed to enter household members in RCRS at move-in
- Not the same as the Rural Development or HUD demographic data collection forms
- Failure to use will result in findings cited

REAL ESTATE WORKSHEET

Completed if household has real estate. Attach required documentation as needed.

Real Estate Worksheet

Self-Employment Certification

- Best Practice Forms
- Ensure required documentation is attached to be complete/valid

SELF-EMPLOYMENT CERTIFICATION

To be completed by each adult household member declaring self-employment. (not applicable to minors)

The North Carolina Housing Finance Agency request the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on residents residing in LIHTC financed properties. Although NCHFA will not use this information for income verification purposes, it may be used for other purposes.

If you do not have real estate, please check the box below.

Development Name: _____
Applicant/Resident Name: _____

Certification Type: Development Name: _____

Asset Type: Head of Household Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

HH #
1
2

PART 1 - PLEASE COMPLETE:

Business Name: _____ Business Type: _____

Property Address: Business Address: _____

Property Owner: Established Date: _____ Have operations been continuous: Yes No



A variety of additional forms can be located on our website!

www.nchfa.com

Rental Housing Partners > Rental Owners and Managers
> Policies, Resources & Forms > Resident Files

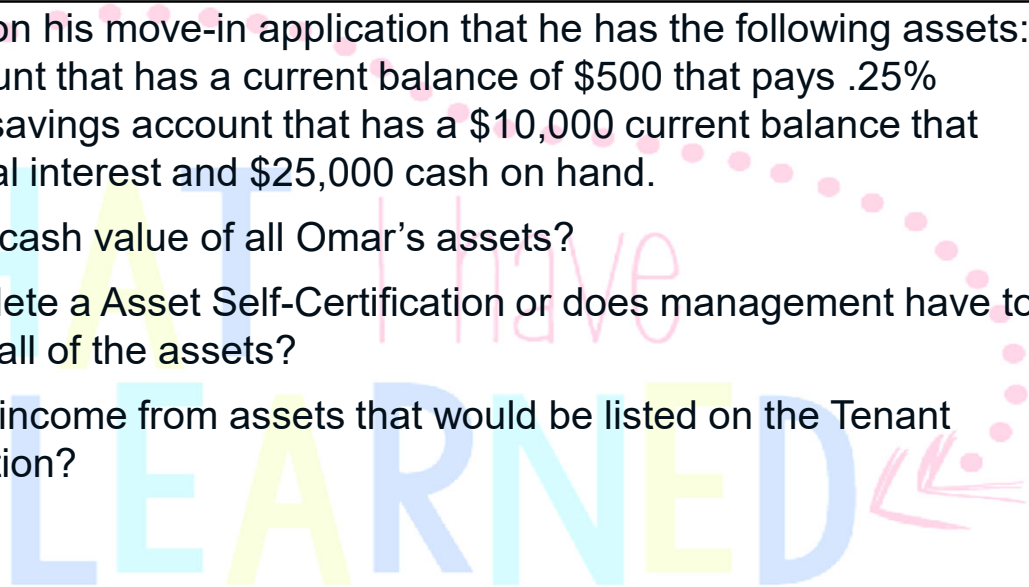


Omar discloses on his move-in application that he has the following assets: A checking account that has a current balance of \$500 that pays .25% annual interest, savings account that has a \$10,000 current balance that pays .15% annual interest and \$25,000 cash on hand.

What is the total cash value of all Omar’s assets?

Can Omar complete a Asset Self-Certification or does management have to third party verify all of the assets?

What is the total income from assets that would be listed on the Tenant Income Certification?



What does it look like?

PART IV. ASSETS						
PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO <u>IMPUTED INCOME LIMITATION</u>						
Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as LESS than or EQUAL to the Imputed Income Limitation						
Enter Total of ACTUAL INCOME earned from all Assets from the Asset Self-Certification Form (F)						\$
PART IVB. INCOME FROM ASSETS – GREATER THAN <u>IMPUTED INCOME LIMITATION</u>						
Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as GREATER than the Imputed Income Limitation.						
HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
Enter Total Income from all Assets (M)						\$



Jilas discloses on his recertification questionnaire that he the following assts that have been verified : Checking account with a cash value of \$25,000 with .15% annual interest, a pay card with cash balance of \$1,000, cash on hand amount of \$1,000 and real estate cash value of \$75,000.

What is the total cash value of assets?

Can the Asset Self- Certification be used?

What is the total income from assets?

WHAT I have LEARNED



What does this look like?

PART IV. ASSETS						
PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO <u>IMPUTED INCOME LIMITATION</u>						
Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as LESS than or EQUAL to the Imputed Income Limitation						
Enter Total of ACTUAL INCOME earned from all Assets from the Asset Self-Certification Form (F)						\$
PART IVB. INCOME FROM ASSETS – GREATER THAN <u>IMPUTED INCOME LIMITATION</u>						
Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as GREATER than the Imputed Income Limitation.						
HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
Enter Total Income from all Assets (M)						\$
PART V. TOTAL HOUSEHOLD INCOME						
Total Annual Household Income from All Sources [Add (E) + (F) OR (E) + (M)]						\$



TAX REFUND



HOTMA & Tax Refund



Roommates Gracyn has cash on hand in the amount of \$1,000, Daniella has a CashApp balance of \$1,000 and Ana has a checking account with a cash value of \$5,000 that pays .25% interest annually. Combined, the three received a state and federal tax return in the past 12-month in the amount \$4,000.

What is the household combined total cash assets value?

What is the household combined income from assets?

How does the tax returns impact assets?



Let's take a look Self Asset-Certification

The \$12.50 is entered on Line F of the TIC

NON-NECESSARY PERSONAL PROPERTY							
TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME	TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.)				Annuit ies (current balance)			
Description:	\$ N/A	N/A	\$ N/A	Brokerage accounts (current account balance (mutual funds, etc.))	\$ N/A	N/A	\$ N/A
Description:	\$ N/A	N/A	\$ N/A	Life insurance (not term life)	\$ N/A	N/A	\$ N/A
Cash on hand	\$ 1,000	N/A	N/A	Cryptocurrency (Bitcoin, etc.)	\$ N/A	N/A	\$ N/A
Checking (current balance)	\$ 5,000	.25%	\$ 12.50	Stocks/Bonds (current balance)	\$ N/A	N/A	\$ N/A
Savings (current balance)	\$ N/A	N/A	\$ N/A	CD/Money Market (current balance)	\$ N/A	N/A	\$ N/A
Debit cards (not linked to an account that is listed above)	\$ 1,000	N/A	N/A	Trust accounts (current balance)	\$ N/A	N/A	\$ N/A
Internet based assets (Cash App, Venmo, PayPal, ApplePay, etc.)	\$ N/A	N/A	\$ N/A	Lump sum amounts received (not based on above accounts (Settlement, inheritance, etc.))	\$ N/A	N/A	\$ N/A
Other Description:	\$		\$	Other Description:	\$		\$
				Non-necessary personal property:	\$ 7,000	[B] Total Income:	\$ 12.50

Important Note: The tax returns do not have to be verified, if it is less than the asset limitation threshold.

	CASH VALUE	INCOME	
N/A	N/A	\$ N/A	
N/A	N/A	\$ N/A	
[C] Total real property value:	\$ 0	[D] Total real prop income:	\$ 0
TOTAL NET ASSETS AND INCOME			
[E] Tax Refund. Have you received a tax return or refundable tax credit in the last 12 months? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	\$ 4,000	Subtract tax return/credit (if any) from total net assets. See formula for [F]	
[F] Total Net Assets: (Total real property [C] + non-necessary personal property [A] (if [A] exceeds annual asset self-certification threshold) - [E] tax return/refundable credit)	\$ 3,000	[G] Total Asset Income: [B] + [D]	\$ 12.50

• Enter the \$7,000 total cash value of assets and \$12.50 total annual income of \$12.50
• Line E, enter the \$4,000 tax return. Line F, adjusted total cash value of assets
• Line G, is not impacted by the tax refund (same as from Line B)

Roommates Ian has a checking account with a cash value of \$5,000 that pays no interest, A.I. has cash on hand of \$5,000 and real estate that has a cash value of \$75,000 that have all been verified. In the past twelve-months, they have a combined federal and state tax return of \$2,000 that has been verified with copies of their filed tax returns.

- What is to the total household combined assets?
- Can the Asset Self-Certification be used?
- What is the total household income from assets?
- How does the combined tax return impact assets?



HousingBuildsNC.com



Let's take a look Tenant Income Certification

PART IV. ASSETS						
PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO <u>IMPUTED INCOME LIMITATION</u>						
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Enter Total of ACTUAL INCOME earned from all Assets from the Asset Self-Certification Form (F)						\$
PART IVB. INCOME FROM ASSETS – GREATER THAN <u>IMPUTED INCOME LIMITATION</u>						
Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as GREATER than the Imputed Income Limitation.						
HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
1	Checking Account	C	NNPP	\$5,000	A	\$0
2	Cash on Hand	C	NNPP	\$5,000	A	\$0
2	Real Estate	C	Real	\$75,000	I	\$337.50
1/2	Tax Refund	C	Tax Relief	-\$2,000	A	0
Enter Total Income from all Assets (M)						\$ 337.50



List the combined tax refund on the TIC under IVb
The filed tax refund(s) must be verified and attached



Jakeem has a checking account with a cash value of \$25,000 with no interest income and CashApp with a balance of \$27,000 and combined federal and state tax return filed in the past twelve-months.

What is the total combined cash asset value?

Can the Self Asset-Verification be used?



HOTMA & NCHFA Verification Hierarchy

Highest

- Upfront Income Verification (Paystubs, statements, ATM receipts – for debit/pay cards)
- ~~Enterprise Income Verification (EIV)~~
- ~~UIV using Non EIV (Work Number or similar verification)~~

**NCHFA
Does Not Allow**

Medium

- Written, third-party verification form (Employment, Asset Verification)

Medium – Second Choice

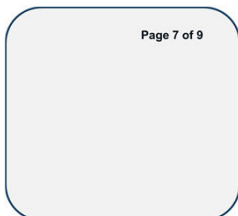
- Oral third-party verification (Clarification Statement or similar form)

Low

- Self-certification (not third-party verified) (Applicant/resident affidavit – document why)



What makes a complete verification?



Statements, verifications (Social Security, etc.) should contain all the pages, with none missing

How long are verifications good for?

Verifications are valid for 120 days from the date of receipt by the owner
HUD Handbook, Change 4, 5-16 B

Not Valid for verification that require “the most recent” documents
i.e. pay check stubs, bank statements, etc.



Duplicate Asset Verifications



Self-Asset Certification & Third-party Verification



2025 HUD Inflation-Adjusted Values (Table 1): Effective January 1, 2025

Imputed Asset Income Threshold

- 2025 - \$51,600 (2024 - \$50,000)

Non-Necessary Personal Property Inclusion Threshold

- 2025 - \$51,600 (2024 - \$50,000)

Asset Self-Certification Threshold (Under \$50k Form)

- (will require a form update)
- 2025 - \$51,600 (2024 - \$50,000)

Earned Income Exclusion for Deponent Adult Full-Time Students

- 2025 - \$480 (Unchanged)

Adoption Assistance Exclusion

- 2025 - \$480 (Unchanged)

HUD Passbook Rate

- 2025 - 0.45% (2024 - 0.4%)

NCHFA Policy
Effective 7/1/2025 when HOTMA is implemented



<https://www.huduser.gov/portal/datasets/inflationary-adjustments-notifications.html>

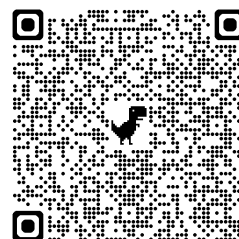


Streamlining & FAST Act

<https://www.federalregister.gov/documents/2020/05/07/2020-09298/streamlining-administrative-regulations-for-multifamily-housing-programs-and-implementing-family>



5/7/2020



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Reminder: The Streamlining & FAST Act process cannot be used for Targeting Households



Typical Income Calculations

Hourly Rate Calculation

- Hourly Rate X Hours Worked X Pay Frequency = Annual Income
- If EV list average areas, use the average hours for all households – **NCHF Change**

Average Pay Stubs

- Total Pay Stubs / # of Pay Stubs X Pay Periods = Annual Income
- Minimum of two, most recent, consecutive paystubs required – **HOTMA Change**
- HOME and NHTF require two month source documentation – No Change
- 52 Pay Periods = Paid Weekly, 26 Pay Periods = Paid Bi-Weekly, 24 Pay Periods = Paid Twice a Month

Misc. Unearned Income

- Amount Received X Pay Frequency = Annual Income
- Social Security, SSI, Public Assistance (TANF), Child Support, Gift Income, etc.



Typical Asset/Income Calculations

Checking, Savings & Money Market

- Current Balance X Interest Rate = Interest Income
- Checking – use current balance – **HOTMA Change**

Certificate of Deposit (CD)

- Current Balance – Penalty to Withdraw = Cash Value
- Cash Balance X Interest Rate = Asset Income

Stocks, Crypto-Currency: Bitcoin, Ether, Ripple, etc.

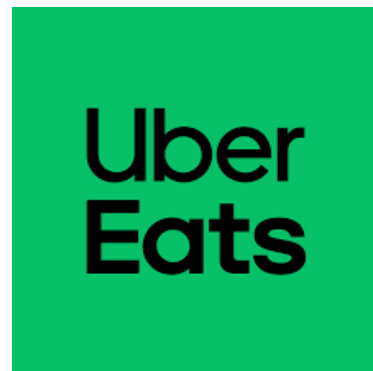
- Number of Shares X Stock Price – Cost of Turn Stocks in Cash = Cash Value
- Number of Shares X Dividend = Asset Income

Whole Life Insurance

- Cash Value = Surrender Value (Asset Value)
- Surrender Value X Interest = Interest Income (if applicable)



What are Gig Income Platforms



And More!



Income in a Gig Economy

Gig Economy

A segment of the service economy based on flexible, temporary or freelance jobs, often involving connecting clients and customer through a online platform.

- Companies like Uber, Lyft and Upwork
- Provides workers with the ability to work and earn money on their terms
- Ability to work multiple platforms
- Treated as Self- Employed/Contractors
- Due Diligence
- Verification/Income Calculation
 - Self-employment income process
 - Some platforms have reports and verification processes
 - May use screenshots if other sources of verification are not available (document)
 - Not included in Chapter 5, HUD Handbook, no formal guidance from HUD/IRS



The Gif landscape is ever evolving with new opportunities, revised tax law, verification processes, etc.



Electronic/App Assets – Alternative Accounts Chime, Venmo, PayPal, Cash App, etc.

Verification Process:

- Current Balance is used (just like Savings and Checking Accounts)
- Some email the account holder a monthly statement
- ATM balance inquiry receipt – ensure the balance is shown and there is a date listed on the printout
- Online printout of statement (not transaction history) includes the date of the inquiry and the cash balance
- Print Screen from the app that shows the current available cash (use if no other sources available and document)
- In most cases there is no asset income

Note: if applicant/resident discloses this type of asset on the application/questionnaire and there is no cash being held (account has a zero balance), verification is required – Asset Self-Certification, third party verification, affidavit, etc.

These type of mobile payment apps are a good way to uncover income that has not been disclosed when viewing statements/transaction history



Code of Conduct at the Compliance Fair



Attraction is not recommended for guests with a fear of enclosed spaces. Guests should secure or remove protruding limbs before riding to prevent hazards or loss due to ride forces.



Guests must remove protruding items while riding to prevent hazards or loss due to ride forces.



Attraction is not recommended for guests with certain medical conditions. Not permitted riders with certain conditions. See specific attraction information for details.



Audio available for portions of the attraction through assistive listening devices.



Signposting is available at this attraction. Please ask a team member for assistance.



Service animals are permitted at this attraction. Please ask a team member for assistance.



Guests with service animals should seek a team member for assistance.



Guests may remain in their standard wheelchair throughout the attraction. Guests may remain in their standard wheelchair throughout the attraction experience.



Guests must transfer to a manual wheelchair to ride to experience the attraction.



Guests must be of this height to experience this attraction.



Guests within this range of height must be accompanied by a supervising companion.



Children must be accompanied by a supervising companion.



Guests with certain medical conditions should seek a team member for assistance.



Guests with service animals should seek a team member for assistance.

Fair Housing



NCHFA Rental Asset Management Compliance Fair



Fair Housing Training Disclaimer

- Information presented should not be interpreted as legal advice or legal authority
- Fair housing issues are fact specific, therefore housing providers should seek legal advice from qualified fair housing professionals/attorneys regarding specific situations, policies, practices, procedures, and documents
- This fair housing training section does not meet the QAP annual fair housing requirements



DISCLAIMER



Federal Protected Classes

Race

Familial Status

(Families with children)

Religion

National

Sex

Origin

Color

*(Includes Gender)
(Bostock v Clayton County {2020})*

Disability



North Carolina Protected Classes
Federal + Affordable Housing (NIMBY)



Laws Impacting Fair Housing

Civil Rights Act of 1968 and the Fair Housing Amendments Act of 1988

- Applies to all housing in the United States

Americans With Disability Act (ADA)

- Applies to all housing in the United States

Title III – Public Accommodations

- Applies to Common Areas

Section 504 Regulations and Limited English Proficiency Requirements

- Applies to housing utilizing Federal funds such as HOME, NHTF, HUD, RHS

N.C Fair Housing Act

City/Town/County Laws

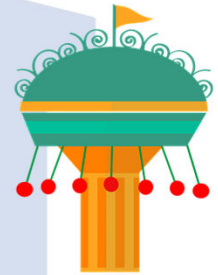
State and Local Building Codes



Types of Dwellings Covered

The FHA broadly applies to “dwellings,” which includes almost every residential rental unit:

- Single and Multi-family Housing
 - Houses, Apartments and Condos
- Group Homes
- Shelters
- Migrant Housing
- Assisted Living Housing
- Long-term Transient Lodging



EQUAL HOUSING OPPORTUNITY WHO



What are some of the Fair Housing Fundamentals?

Equality

- People should not be subjected to additional rules or requirements based on groups they belong to

Equity

- People do not start from the same place and we must acknowledge and make adjustments to imbalances

Integration

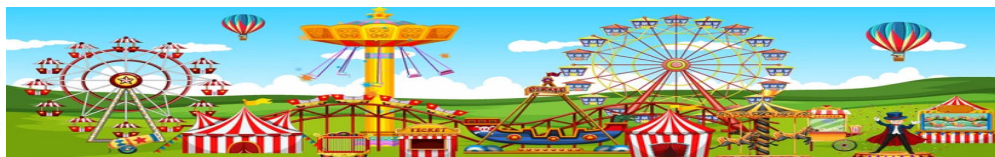
- People are entitled to live and participate in the community

Choice

- People can choose where to live

Individuality

- Respect unique needs and circumstances



Elderly Definitions

24 CFR 100.300-308

State & Federal Elderly Housing Programs (100.302)

- Must use program definition of elderly
- Typically 62 & older OR disabled

62 & older definition (100.303)

- Every person residing at the property must be at least 62 or older

55 & older definition (100.304)

- At least one person in 80% of the units must be at least 55 or older
- The owner needs to define who can reside in the remaining 20% of the units
- See also the Housing for Older Persons Act of 1995 (HOPA) for additional guidance on the 55 & older definition



Disability Definition



Limits a physical or mental impairment that substantially one or more major life activities



Having a history of such impairment



Being perceived as having such an impairment – whether the individual is or is not impaired



Includes people associating or residing with a person with a disability



**Must disclose a disability
and one of the above is present**



Examples of Disabilities

Deafness, hearing loss or other auditory impairments


Cognitive Disabilities


Blindness or other visual impairments

Mobility Impairments

Mental Illness

AIDS Or HIV+

 NORTH CAROLINA HOUSING FINANCE AGENCY
HousingBuildsNC.com



Disability Rights

Housing Providers are required to take steps and implement policies to allow individuals with disabilities an equal opportunity to live in the apartment community

Reasonable Accommodations

Reasonable Modification

EQUAL OPPORTUNITY



This is the law's way of leveling the playing field



Reasonable Accommodations

Definitions

- A change in rules, policies or procedures
- Necessary because of the individual's disability
- Provides full/equal access to housing

When

- Before tenancy/when applying for housing
- During tenancy
- When facing eviction, if RA or source of income remove basis of eviction

Who

- Resident or family member
- Medical provider, social worker or therapist
- Other



<https://www.hud.gov/faqs/fairhousing>



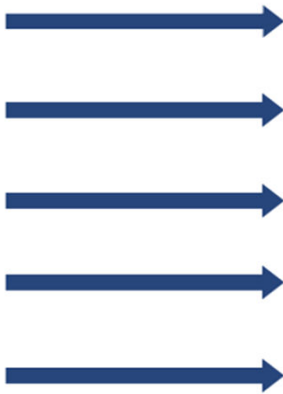
Reasonable Accommodations Examples

Rule/Policy



Changed Rule/Policy as RA

- First come, first served parking
- Tenant must complete application
- Rent due on 1st of month
- 1-year lease for 2nd floor unit
- Rent must be paid by check



- Reserved parking for Tenant with mobility impairment
- Assist a Tenant with cognitive disability to complete application
- Move rent due date for Tenant who receives SSI or disability payment
- Move to 1st floor unit w/o fee for Tenant with mobility impairment
- Allow direct deposit or representative payee for Tenant whose disability affects ability to timely pay rent



Reasonable Accommodations Examples

Rule/Policy →

Changed Rule/Policy as RA

Fee for early lease termination

Allow tenant to terminate lease early without fee due to disability (e.g. emergency hospitalization or unit conditions exacerbate disability)

Occupants may only be added at lease renewal

Allow a Tenant with a disability to have live-in aide

Terminate tenancy due to poor housekeeping

Allow a Tenant more time to comply with the lease requirements and remove excess clutter

No pets allowed

Allow service or assistance animal for Tenant with disability

Needed Because of Disability



Service Animals



Support Animals

WELCOME



What is your pet policy?



DO YOU HAVE AN ASSISTANCE ANIMAL?



Under the Fair Housing Act, people with disabilities are allowed to have assistance animals in their homes. Assistance animals include emotional support animals and service animals. You can request a reasonable accommodation to many pet-related restrictions if you need an assistance animal.

Housing providers may be violating the law if they:

- Refuse to allow your assistance animal to live with you
- Impose a breed ban or weight limit on your assistance animal
- Require unreasonable inspections of your home because you have an assistance animal

You can report housing discrimination to the Equal Rights Center.



202-234-3062



info@equalrightscenter.org



equalrightscenter.org

Know your rights!



FAIR HOUSING FOR ALL





SERVICE DOGS

Any dog trained to perform tasks for an individual with a disability.



EMOTIONAL SUPPORT DOGS

Medically prescribed animals providing therapeutic benefit through dedicated companionship.











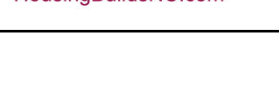

?





When do you find out a resident has a Service or Emotional Support Animal



2 Types of Assistance Animals

	Service	Emotional Support	
COMPARISON			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Different Types of Emotional Support Animals



Have a policy!



The screenshot shows the USA Service Dog Registration website. At the top, there is a navigation bar with links for 'SERVICE ANIMAL TYPES', 'STORE', 'SUPPORT', and 'REVIEWS'. On the right, there are buttons for 'CALL NOW 760-285-7763', 'REGISTRATION LOOKUP', and 'LOGIN'. The main content area features a large image of a person's hands petting a dog's head. Overlaid on this image is the text 'REGISTER YOUR SERVICE ANIMAL IN 3 EASY STEPS' and a 'REGISTER FOR FREE NOW' button. Below this, three red boxes outline the steps:

- Step 1:** CHOOSE TYPE OF SERVICE DOG (with a dog icon).
- Step 2:** PROVIDE INFORMATION FOR REGISTRATION (with a document icon).
- Step 3:** PRINT YOUR REGISTRATION (with a printer icon).

 At the bottom of the screenshot, there is a banner for 'Service Animals & Internet Verifications' with the North Carolina Housing Finance Agency logo, a QR code, a small image of a service dog, and a cartoon character holding a blue ID card. Accessibility icons are also present in the bottom right corner.

Service Animals – Verifications

- HUD on 1/28/2020 published guidance clarifying how housing providers can comply with the Fair Housing Act when assessing a person's request to have an animal in housing to provide assistance because of a disability
- Specifically addresses "internet verifications" where there is no known relationship between the patient and the verification provider other than providing the verification
- A service animal is a dog (with a narrow exception for miniature horses) that has been trained to perform specific tasks or services for a disabled person



Service Animal Reminders

- Must have separate rules for pets and service & companion animals
- Cannot collect fees or pet deposit. Can charge for damages caused by service & companion animals
- May require third party documentation that Household member is disabled and needs a service & companion animal
- A support animal, which may be trained or untrained, and do work, perform tasks, provide assistance, and/or provide therapeutic emotional support for individuals with disabilities
- A person may have a disability related need for both animals, or two disabled people in the same household each need their own assistance animal



Reasonable Modifications

Definition

A physical change in the premises to allow a individual with a disability to fully enjoy and use the dwelling

EQUAL HOUSING OPPORTUNITY



Reminder

Includes common areas & interior of the dwelling unit

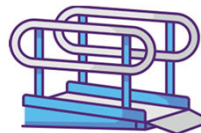


Examples-Reasonable Modifications

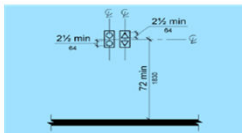


DOOR WIDENING

Widening a doorway



Installing a wheelchair ramp



Installing a light switch or thermostat in an accessible location



Installing a strobe light smoke detector or doorbell



Installing lever door handles or pushbutton locks



Installing grab bars in a bathroom



Who pays for Reasonable Modifications? It depends on the funding sources

Program	Owner	Tenant
• HOME	✗	
• CDBG	✗	
• LIHTC		✗
• Section 202 & 811	✗	
• McKinney Vento Supportive Housing	✗	
• USDA Rural Development	✗	
• Tax Exempt Bond		✗
• Public Housing	✗	
• Privately Owned with Federal RA	✗	
• Conventional Properties		✗



What if...

A property has multiple funding sources?



RA/RM Reminders

- Property managers may request proof that the person has a disability and is covered under the law
- Property managers may also request additional information that the accommodation or modification is necessary and/or will address the issue.
- DHHS Targeting applicants/tenant can request
- Further inquiry into the nature and type of disability, however, must be limited to matters directly related to the requested accommodation or modification
- Rental Assistance (Section 8, Key Program, etc.) must be taken into consideration when evaluating ability to pay rent and requests for reasonable accommodations to the standard credit history criteria
- Must follow your Tenant Selection Plan



RA/RM Reminders (cont.)

- A blanket rule, either stated, or in a pattern of practice, that “we do not provide accommodations for a criminal history “ may be illegal
- Timeliness in responding to reasonable accommodation or reasonable modification is important
- Undue delay in responding to request could be seen as a refusal to make an accommodation or allow a modification, and consequently, a violation of the law. Delays should be communicated
- If a tenant submits a reasonable accommodation request in response to a lease termination or eviction notice; the termination process should not continue until a decision on the request has been made and communicated to the tenant



Language Access Plans (LAP) & Limited English Proficiency (LEP)

Language Access Plan (LAP)

- Federal Fund recipients must ensure meaningful access by persons with limited LEP
- NCHFA requires all recipients to complete a Four Factor Analysis
- A copy of the NCHFA Guidance for Developing a Four Factor Analysis and LAP and HUD’s Language Services Resources Memo is provided in the “Resources” section of this training book.

Limited English Proficiency (LEP)

After deciding what language assistance services are appropriate, develop a plan to address needs of the LEP population served

Elements to consider

- Who needs assistance and what language assistance is needed
- Identify points of contact staff may have with LEP persons
- Identify ways language assistance will be provided
- Provide appropriate translated notices to LEP persons (ex. eviction notices, emergency plans)
- Provide interpreters for meetings



NCHFA Resident Forms Available in Spanish Upon Request



- ➔ Compliance Manual
- ➔ Ownership/Management
- ➔ Resident Files



If you need additional NCHFA Documents in alternative languages...
Email rentaltrainings@nchfa.com



Common Fair Housing Law Violations

Some of the most common Fair Housing Law violations include:

- ✓ Refusing to rent based on protected class
- ✓ Treating tenants differently
- ✓ Asking prohibited questions
- ✓ Failing to make reasonable accommodations
- ✓ Discriminating based on source of income



Violence Against Women Act (VAWA)

- Reauthorization was signed into law on March 11, 2022 by Congress
- Effective Changes begin January 1, 2024

VAWA 2022 includes provisions that affect housing providers

- In 2004, HUD Section 8 and Public Housing programs were involved
- With the 2013 reauthorization, more HUD programs (including HOME Funds), Rural Development, and LIHTC programs were covered
- This latest authorization notably adds the National HTF program



VAWA Forms Update

HUD has replaced the VAWA forms (on HUDClips)

https://lnkd.in/eb_Dwmee

These include:

- **HUD-5380 Notice of Occupancy Rights Under the Violence Against Women Act – NCHFA Policy to be posted at the apartment community**
- HUD-5381 Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
- HUD-5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation
- HUD-5383 Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Previous versions, including translated versions, have been removed



HUD has indicated they soon would be issuing new guidance explaining when owner/agents are required to implement these new versions



VAWA Updates

Nonretaliation Provisions

- VAWA 2022 requires that "No public housing agency or owner or manager of housing assisted under a covered housing program shall discriminate against any person because that person has opposed any act or practice made unlawful by [VAWA] or because that person testified, assisted, or participated in any matter related to [VAWA]"

Noncoercion Provisions

- "No public housing agency or owner or manager of housing assisted under a covered housing program shall coerce, intimidate, threaten, or interfere with, or retaliate against, any person in the exercise or enjoyment of, on account of the person having exercised or enjoyed, or on account of the person having aided or encouraged any other person in the exercise or enjoyment of, any rights or protections under [VAWA], including—
 1. intimidating or threatening any person because that person is assisting or encouraging a person entitled to claim the rights or protections under [VAWA].
 2. retaliating against any person because that person has participated in any investigation or action to enforce [VAWA]."



<https://www.hud.gov/vawa#close>



VAWA Updates (cont.)

Protection to Report Crimes from Home. "Landlords, homeowners, tenants, residents, occupants, and guests of, and applicants for, housing:

- Shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance; and
- Shall not be penalized based on their requests for assistance or based on criminal activity of which they are a victim or otherwise not at fault under statutes, ordinances, regulations, or policies adopted or enforced by covered governmental entities.
- Prohibited penalties include:
 1. Actual or threatened assessment of monetary or criminal penalties, fines, or fees.
 2. Actual or threatened eviction.
 3. Actual or threatened refusal to rent or renew tenancy.
 4. Actual or threatened refusal to issue occupancy permit or landlord permit.
 5. Actual or threatened closure of the property, or designation of the property as a nuisance or a similarly negative designation."



<https://www.hud.gov/vawa#close>



VAWA – HUD FORM 5381

MODEL EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 06/30/2017

Happy Trails Apartments

Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

Happy Trails Apartments is concerned about the safety of its tenants, and such concern

extends to tenants who are victims of domestic violence, dating violence, sexual assault, or

"HUD also appreciates the commenters' concerns with HUD's VAWA forms. In accordance with the Paperwork Reduction Act, HUD will at a later date update its VAWA forms and the relevant information collection requests. Rulemaking related to VAWA reauthorization is beyond the scope of this HOTMA final rule, and HUD has determined that this final rule is the appropriate vehicle to implement the exception to the prohibition on owning real properties for survivors of domestic violence, dating violence, sexual assault, or stalking."



Form HUD-5381
(12/2016)



Fair Housing Training

Kathi Williams, The Fair Housing Institute
(770) 826-6573 – www.fairhousinginstitute.com



SAHMA
(800) 745-4088 – www.sahma.org



John Ritzu, Fair Housing FIRST
(312) 913-1717 – www.FairHousingFIRST.org



NCHFA offers Fair Housing training
virtually at no cost



Local Apartment Associations
offer Fair Housing Courses as well



Physical Inspections NSPIRE, State & Noncompliance



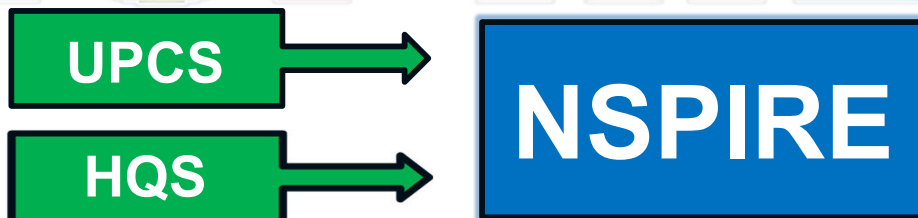
**NCHFA Rental Asset Management
Compliance Fair**



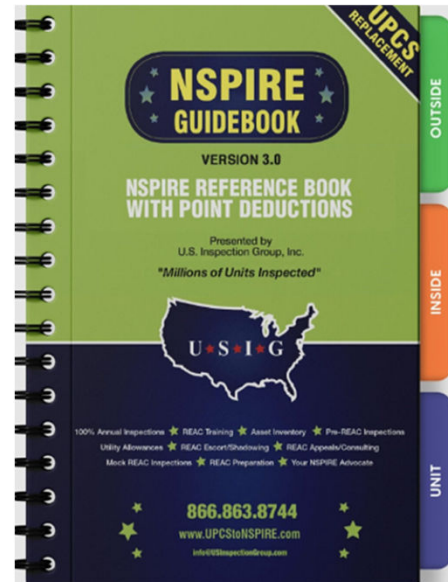
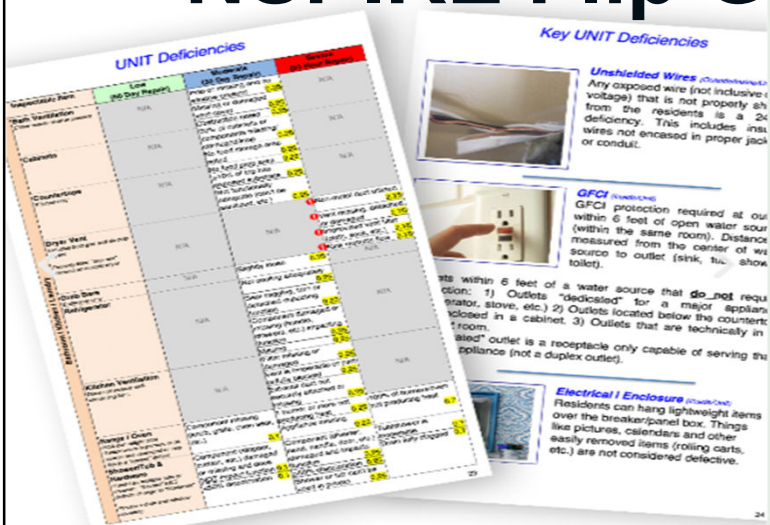
What is NSPIRE?

**National Standards for the Physical Inspection of Real Estate
New HUD Inspection standard and scoring system**

**Purpose: modernize, align and consolidate inspections
across programs**



NSPIRE Flip Guide Book



In-person participants will receive a copy of the Guide Book today



<https://usinspectiongroup.com/>



The Elephant in the room

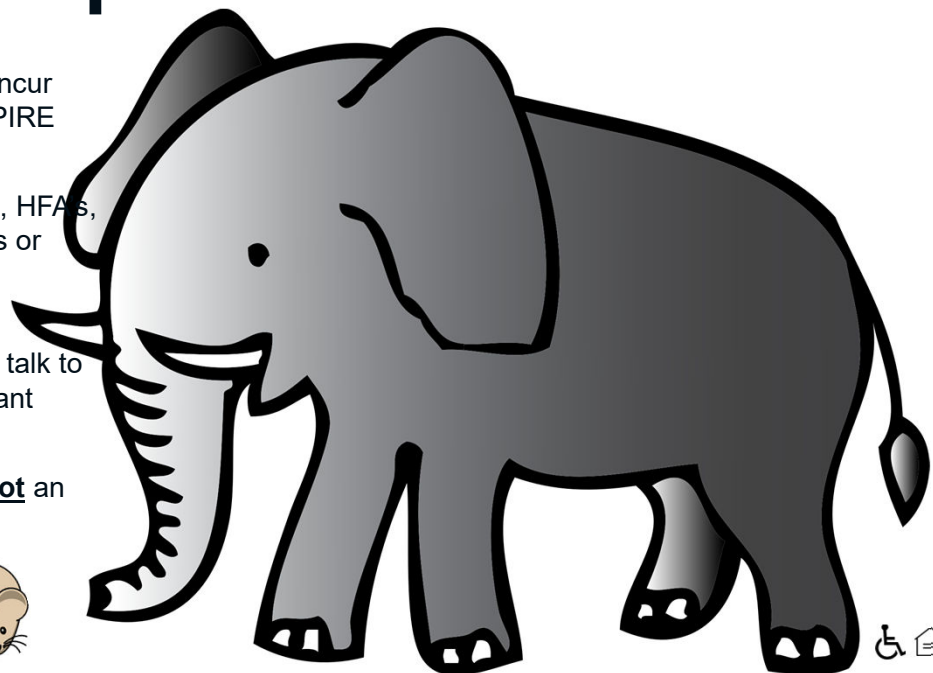
For Owner Agents:

An owner agent may have to incur cost to bring property into NSPIRE compliance

No dedicated funds from HUD, HFAs, etc. to make necessary repairs or upgrades

Possible use of replacement reserves or project cash flow: talk to investors, lenders, other relevant parties

Lack of dedicated funding is **not** an excuse for noncompliance



			
<p>NSPIRE's Priorities for RESIDENTS</p>	<p>NSPIRE's Priorities for POAs & PHAs</p>	<p>NSPIRE's Priorities for INSPECTORS</p>	<p>NSPIRE's Priorities for HUD</p>
<ul style="list-style-type: none"> • Year-round maintenance with a unit-focused approach • Prioritization of residents' health and safety • Introducing resident surveys for better service • Safe and habitable home 	<ul style="list-style-type: none"> • Increased inspection consistency • Collaboration with HUD • Ability to contribute input to standards • Access to inspection data • Reliable data and presentable reports for portfolio management and risk assessment 	<ul style="list-style-type: none"> • Electronic-based inspections • Increased inspection accuracy • Clearly defined inspection standards and protocols • Ability to capture pictures • Collaboration with HUD 	<ul style="list-style-type: none"> • Access to reliable, valid, and objective data • Alignment of multiple inspection standards • Adaption to industry change and modernization of health and safety standards • Better performance assessments for HUD-assisted housing



NORTH CAROLINA HOUSING FINANCE AGENCY
HousingBuildsNC.com

NSPIRE Priorities




NSPIRE Applicability & Timing

Applies to HUD Multifamily, PIH and CBD programs as well as LIHTC

- Not applicable to Rural Development. RD was not previously using UPCS and will have a separate standard beginning in 2024 based on the Mortgage Bankers Association inspection standards


Effective Dates:

- 7/1/2023 for Public Housing
- 10/1/2023 for HUD Multifamily
- 10/1/2023 for other programs unless extension in place
 - HUD CPD delayed mandatory implementation until 10/1/2025, but PJs and Grantees may choose to implement sooner
 - HUD PIH delayed mandatory implementation until 10/1/2025 for voucher programs (not Public Housing), but encourages earlier adoption
 - LIHTC – seek guidance from HFA, many implemented in 2024



NORTH CAROLINA HOUSING FINANCE AGENCY
HousingBuildsNC.com

**1/1/2024 Implantation Date
for all NCHFA Funded Programs**



NSPIRE Applicability Reminder

NSPIRE generally applies to all projects, not just new projects

- UPCS and HQS are fully replaced – no “grandfathering in.”
- Not based on allocation year or placed-in-service date, etc.

NSPIRE Guidance

Access NSPIRE Notices

https://www.hud.gov/program_offices/public_indian_housing/reaac/nspire/notices

Final Standards V3.0 Published 8/11/2023

https://www.hud.gov/program_offices/public_indian_housing/reaac/nspire/standards



What is the focus of NSPIRE

UPCS

“Decent, safe, sanitary and in good repair”

NSPIRE

“Functionally adequate, operable and free of health and safety hazards”

Priorities

Function and Safety > Especially within in the Unit

Deemphasizes appearance/cosmetic issues: e.g., not concerned with the overgrown vegetation that is not a tripping or accessibility hazard, small holes/dents that do not pose safety or functional issues, etc.



The 63 NSPIRE Standards

- | | | |
|--|--|-------------------------------|
| 1. Address & signage | 23. Flammable & combustible item | 45. Refrigerator |
| 2. Bathtub & shower | 24. Floor | 46. Retaining wall |
| 3. Cabinet & storage | 25. Food preparation area | 47. Roof assembly |
| 4. Call-for-aid system | 26. Foundation | 48. Sharp edges |
| 5. Carbon Monoxide alarm | 27. Garage door | 49. Sidewalk, walkway, & ramp |
| 6. Ceiling | 28. Grab bar | 50. Sink |
| 7. Chimney | 29. Guardrail | 51. Site drainage |
| 8. Clothes dryer exhaust ventilation | 30. Handrail | 52. Smoke alarm |
| 9. Cooking appliance | 31. Heating, ventilation, and air conditioning (HVAC) | 53. Sprinkler assembly |
| 10. Door- entry | 32. Infestation | 54. Steps & stairs |
| 11. Door- fire labeled | 33. Leak- gas or oil | 55. Structural system |
| 12. Door- general | 34. Leak- sewage system | 56. Toilet |
| 13. Drain | 35. Leak- water | 57. Trash chute |
| 14. Egress | 36. Lighting- auxiliary | 58. Trip hazard |
| 15. Electrical- conductor, outlet, switch | 37. Lighting- exterior | 59. Ventilation |
| 16. Electrical- GFCI or AFCI outlet or breaker | 38. Lighting- interior | 60. Wall- exterior |
| 17. Electrical- service panel | 39. Litter | 61. Wall- interior |
| 18. Elevator | 40. Minimum electrical & lighting | 62. Water heater |
| 19. Exit sign | 41. Mold-like substance | 63. Window |
| 20. Fence & gate | 42. Parking lot | |
| 21. Fire escape | 43. Potential lead-based paint hazard- visual assessment | |
| 22. Fire extinguisher | 44. Private roads & driveways | |



https://www.hud.gov/sites/dfiles/PIH/documents/6092-N-05nspire_final_standards.pdf



Unit

A "Unit" of housing refers to the interior components of an individual dwelling, where the resident lives.



Inside

"Inside" refers to the common areas and building systems within the building interior and are not inside a unit. This could include interior laundry facilities, workout rooms, etc.



Outside

"Outside" refers to the building site, building exterior components, and any building systems located outside of the building or unit. This includes things like sidewalks, parking lots, and retaining walls.



NSPIRE Three Inspectable Areas



H&S Determinations



Life Threatening



Deficiencies that, if evident in the home or on the property, present a high risk of death or severe illness or injury to a resident.

Severe



Deficiencies that, if evident in the home or on the property, present a high risk of permanent disability, or serious injury or illness, to a resident; or the physical security or safety of a resident or their property would be seriously compromised.

Moderate



Deficiencies that, if evident in home or on property, present a moderate risk of an adverse medical event requiring a healthcare visit; cause temporary harm; or if left untreated, cause or worsen a chronic condition that may have long-lasting adverse health effects; or that the physical security or safety of a resident or their property could be compromised.

Low



Deficiencies critical to habitability but not presenting a substantive health or safety risk to residents.



https://www.hud.gov/program_offices/public_indian_housing/react/nspire



Examples



	Outside	Inside	Unit
Life-Threatening	Gas dryer exhaust ventilation system has restricted airflow.	Structural system exhibits signs of serious failure.	Flammable or combustible material is on or near an ignition source.
Severe	A sharp edge that can result in a cut or puncture hazard is present.	Fire labeled door does not close and latch or self-close and latch.	Call-for-aid system is blocked.
Moderate	Trip hazard on walking surface.	Plumbing leak that allows for water intrusion in unintended areas.	Refrigerator component is damaged such that it impacts functionality.
Low	Water runoff is unable to flow through the site drainage system.	Auxiliary lighting component is damaged or missing.	Presence of mold-like substance at very low levels is observed visually.



https://www.hud.gov/program_offices/public_indian_housing/react/nspire





NCHFA Response Policy



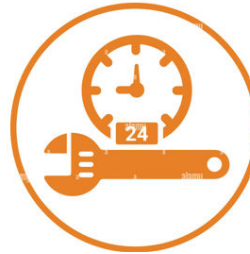
All deficiencies/noncompliance require a response to the Physical Inspection Results Letter (within 30 days of receipt of letter)

- Life Threatening/Severe
- Moderate
- Low

Life Threatening and Severe items must be repaired within 24-hours

- Documentation that repair was made in that timeframe to be included in the Physical Inspection Response (30 days response)
- No 24 Hour separate documentation is required

RESPONSE REQUIRED



https://www.hud.gov/program_offices/public_indian_housing/react/nspire



Repairs during the inspection

Continuing in 2025...repairs will not be allowed during the inspection process

- Consistent with NSPIRE
- Avoids delays during the inspection
- Prevents deferred maintenance

The only exceptions are the following:

- Install light bulbs in lighting fixtures to demonstrate that the fixture works as intended
- If bulbs are not available it will be recorded as an inoperable light fixture under NSPIRE
 - Each lighting fixture socket must have a bulb
 - Staff must bring bulbs with them to and leave in the light fixture
 - Staff may not leave the unit to retrieve bulbs
- Reattaching/plugging in electric stove elements or appliances
- Removing child safety protectors (e.g., outlet covers, cabinet/door locks, or oven knob protectors)
- Plugging in bathroom exhaust vent fan
- Lighting pilot light of gas stove



- Inspectors will not return to units to re-inspect
- Recorded as noncompliance even if the deficiency is repaired before the inspector leaves the property (items not listed above)



Standard Item	Deficiency	Deficiency Incident Count
Electrical – Ground-Fault Circuit Interrupter (GFCI) or Arc-Fault C	An unprotected outlet is present within six feet of a water source.	2429
Water Heater	The relief valve discharge piping is missing or terminates greater than 6 inches or less than 2 inches from waste receptor flood-level.	2177
Smoke Alarm	Smoke alarm is not installed where required.	747
Call-for-Aid System	System is blocked, or pull cord is higher than 6 inches off the floor.	446
Fire Extinguisher	Fire extinguisher service tag is missing, illegible, or expired.	360
Door - General	A passage door component is damaged, inoperable, or missing and the door is not functionally adequate.	310
Electrical - Conductor, Outlet, and Switch	Exposed electrical conductor.	233
Refrigerator	Refrigerator component is damaged such that it impacts functionality.	216
Lighting - Auxiliary	Auxiliary lighting is damaged, missing, or fails to illuminate when tested.	200
Door - General	A door that is not intended to permit access between rooms has a damaged, inoperable, or missing component.	184
Toilet	Toilet is not secured at the base.	183
Smoke Alarm	Smoke alarm is obstructed.	174
Smoke Alarm	Smoke alarm does not produce an audio or visual alarm when tested.	166
Trip Hazard	Trip hazard on walking surface.	151
Window	Window component is damaged or missing and the window is not functionally adequate.	142
Wall - Interior	Interior wall has a hole that is greater than 2 inches in diameter or there is an accumulation of holes that are cumulatively greater than 6 inches by 6 inches.	117
Water Heater	Temperature pressure relief (TPR) valve has an active leak or is obstructed or relief valve discharge piping is damaged, capped, has an upward slope, or is	103
Cooking Appliance	Cooking range, cooktop, or oven component is damaged or missing such that the device is unsafe for use.	101
Electrical - Conductor, Outlet, and Switch	Outlet or switch is damaged.	99
Electrical – Ground-Fault Circuit Interrupter (GFCI) or Arc-Fault C	GFCI outlet or GFCI breaker is not visibly damaged and the test or reset button is inoperable.	92
Sharp Edges	A sharp edge that can result in a cut or puncture hazard is present.	92



2024 NCHFA Inspections NSPIRE Noncompliance



Standard Item	Deficiency	Deficiency Incident Count
Egress	Egress window blocked.	405
Vacant Unit	Vacant longer than 6 months (rent ready or not)	346
QAP	Roll in Showers: missing weighted shower curtain on properties allocated 2006 or later.	238
Management Company Processes	Move in not reported in RCRS	237
Vacant Unit	Not rent ready	220
Other	Other - Deficiency	215
Non-Inspectable Area	Area not inspectable for any reason	176
Management Company Processes	Vacancy not reported in RCRS	148
Flammable and Combustible Item	Improperly stored flammable material (outside of NSPIRE)	133
QAP	Amenity listed in the Tax Credit application that is offline, unfurnished or not used for designated purposes.	120
Egress	Egress door will not open 90 degrees or will not latch.	104
Sidewalk, Walkway, and Ramp	Drop off on sidewalk greater than 3/4 inch.	97
Accessibility	Accessibility issue.	95
Cooking Appliance	Silicone/foil/disposable liners under burners or oven elements.	89
Egress	Egress 36" path of travel not available.	81
Documents	Documents: Sprinkler System Inspection	78
Electrical - Service Panel	Exterior electrical box/panel not secured	78
QAP	Fire protection - no fire stops or fire extinguisher in unit on properties allocated 2007 or later.	72
QAP	Smoking observed inside units on properties allocated 2015 or later.	65
Door - General	Interior Doors - any hole larger than 2 inches.	64
Documents	Documents: Fire Alarm and/or Fire Extinguisher Testing greater than 12 months or has unresolved deficiencies or report is unavailable	64
Documents	Documents: Backflow Testing	64



2024 NCHFA Inspections State Noncompliance



Final NSPIRE Reminders

- Passing an NSPIRE inspection does **not** mean that a property meets state or local building codes, International Fire Code (IFC), QAP Standards, State (NCHFA) inspection standards or the accessibility requirements of the Fair Housing Act design standards, Section 504 or the American with Disabilities Act (ADA)
- Vice versa... passing another inspection including receiving Certification of Occupancy or having previously passes a UPCS or HQS inspection does **not** mean that a property will pass NSPIRE
- NSPIRE generally applies to **all** projects, not just new projects
- UPCS and HQS are fully replaced – no “grandfathered in”
- Not based on allocation year or placed-in service date, etc.



State/Program Physical Inspection Policy Post-NSPIRE



<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



North Carolina Housing Finance Agency: Policy Update 3.0

Physical Inspection Noncompliance Items

Effective January 1, 2024

IRS Noncompliance – not included in NSPIRE

- Egress (sleeping rooms):
 - At least 2 points of egress must be unblocked (bedroom entry door AND a window)
 - Window: the full window must be open. Nothing above the window sill or blocking ANY part of the glass opening
 - Door: must open to 90 degrees minimum and latch
- Egress (living space & bathroom):
 - Only needs 1 point of egress (only the door counts as egress)
 - Door must open to 90 degrees minimum and latch
- Vacant Unit: must be rent ready within 30 days (no outstanding repairs or maintenance issues)
- Dryer Vents: bird cage type covers observed on outside dryer vents (building code violation)
- Accessibility: All amenities, common areas, and accessible units must be in compliance



NCHFA – Updated 1/2025



Our policy can be found on our website

<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



State Noncompliance – not included in NSPIRE

- Market Appeal:
 - Indoor furniture observed outdoors (common areas and tenant patios)
 - Excessive trash/litter/tires/furniture observed throughout property
 - Cable/Telephone boxes: covers missing/exposed wires
 - Graffiti: More than 1 sq. ft & permanent OR Vulgar/gang related/threatening in ANY size
 - Non-working abandoned cars (wrecked, flat tires, safety concerns, used for storage)
 - Discarded smoking material in the mulch beds (potential fire hazard)
 - Vegetation:
 - Vegetation in unintended areas: nothing can touch roof/siding/mechanical equipment or other unintended surfaces.
 - Overgrown/excessive on fencing to where it affects curb appeal
 - Overgrown/excessive vegetation that blocks site exterior pole lighting
- Fencing:
 - playground fencing must work as intended
 - decorative/dumpster enclosures no more than 20% damage (of total fence coverage)
 - If sharp edges are observed, that will be noted as a health & safety violation
- Wasps nests in common areas or areas that are subject to regular human contact or passage
- Grease discarded on building components or in the landscape bedding around the building
- Parking Lot:
 - Pooling of oil observed
 - Damages that result in cracks/gap/spalling at parking lots/driveways/roads that are under the supervision of management can be considered trip hazard, as these areas can be used by pedestrians



<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



- Retaining Walls: any size wall showing any sign of rot/deterioration/missing wall components (not landscape borders less than 1ft)
- Erosion/Ponding:
 - Large areas where soil has been displaced due to storm water
 - Ponding where water is within 25 ft of building and no rain within 48 hours
 - Any exposed footings on walkways and/or buildings (NSPIRE only cites when the rebar is exposed)
- Roof: observed 2 or more missing shingles in a single area of a roof
- Flammable Material: no gas/lighter fluid/self-starter charcoal can be in an enclosed space that is in or attached to a living space (NSPIRE only counts if within 3 ft of heat source)
- Tires and/or car parts observed in the unit and/or storage
- Broken water heater pan or plug missing
- Trip hazard: including non-temporary cable/power cords, torn/lifted carpet, damaged thresholds
- Unintended Drop-Offs: any sudden drop off a walkway greater than ¾"
- Range:
 - Appliance control display settings are faded/illegible
 - Only oven safe items can be stored inside oven
 - Silicone/foil/disposable liners under burners or oven elements are not acceptable
- Kitchen Cabinetry: more than 20% of cabinetry is damaged (NSPIRE allows for 50%)
- Kitchen Ventilation: self-circulating and vented range hoods will be treated as equal (NSPIRE does not inspect self-circulating)
- Any unit or room that is locked and not inspectable – regardless of the reason
- Evidence of feces or urine in unit or indoor common areas (pet or human)
- Tub: faucet or spout pulled away from wall (allows for water penetration)



<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



- Drug Paraphernalia of any kind observed
- Open flames left unattended (Such as candles) and/or incense being burned in/on anything other than an incense burner (example: in light switches, walls, slats of doors, laying on counter tops)
- Repairs must be made with like material and in a professional manner (in all inspectable areas)
- Tenant-provided fire extinguishers must remain charged and in operable condition
- Vacant Units: Utilities are not turned on during the inspection
- Vacant Units: units vacant over 6 months (rent ready or not) with no move-in scheduled
- Walls: Peeling/missing paint (regardless of year built) larger than 1 sq ft in a single room
- Electrical Panel: No items can be covering/blocking
- Sprinkler System: Any foreign object observed on the sprinkler head (NSPIRE allows for 75% coverage)
- Doors:
 - Interior Doors: any hole larger than 2" (golf ball size)
 - Storm Doors: inspectable and must function as intended (if screen included, will inspect like a window screen per NSPIRE)



<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



- QAP Requirements (not all inclusive, only listing most common findings)
 - Smoking: All properties awarded credits 2015 or later, smoking is not allowed within 25 ft of building
 - Any time oxygen is available for use – smoking is prohibited (regardless of PIS date)
 - Roll in showers: All properties awarded credits 2006 or later, management is required to furnish a weighted shower curtain
 - Fire Protection: All properties awarded credits 2007 or later, management is required to furnish fire stops OR fire extinguishers in each unit
 - Amenities: Any amenity listed in the TC application that is offline, Unfurnished or not used for designated purposes
- Required Management Documents:
 - Tenant Selection Plan (bulletin board & RCRS)
 - Affirmative Fair Housing Marketing Plan (bulletin board & RCRS)
 - VAWA Emergency Transfer Plan (bulletin board only)
 - Blank Lease (RCRS for RPP properties)
 - Management Plan (approved in RCRS only for RPP)
 - 8609s with Part II completed and signed by the owner (uploaded into RCRS only)
 - Tenant Grievance Procedures (bulletin board & RCRS- CHDO properties)



<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



NSPIRE Items – Grace Period until October 1, 2025

- GFCI: Required in all “wet” locations (interior and exterior) within 6 feet of a water source. If a major appliance outlet in “wet” area, the outlet must be GFCI protected or a single use outlet
- Guardrails: Required for elevated heights of 30 inches or more
- ****NEW**** Fire Labeled Doors (all defects)

NSPIRE Items – No longer considered Grace Period and now considered NONCOMPLIANCE as of 1/1/2025

- Bathroom Ventilation: All bathrooms must have a means of ventilation (Either mechanical or a window)
- Smoke Detectors: All smoke detectors must be hard wired OR have a 10-year tamper proof battery
- Water Heaters: new requirement is for TPR piping to be between 2” and 6” from the floor/pan and be made of “approved” material

*HUD NSPIRE Resources: https://www.hud.gov/program_offices/public_indian_housing/reac/nspire



<https://www.nchfa.com/sites/default/files/2024-12/StateNoncompliance-NSPIRE.pdf>



How to have an AWARD WINNING review process

File Reviews and Physical Inspections



**NCHFA Rental Asset Management
Compliance Fair**



Review Monitoring Frequency

File Reviews – Determined by Funding Sources

Tax Credit

- Every third year

Rental Production Program (RPP)

- Annually

Average Income Selection

- Annually

Workforce Housing Loan Program (STC)

- Annually

Physical Inspections Frequency and Sample Size – Determined by Funding Source

Tax Credit

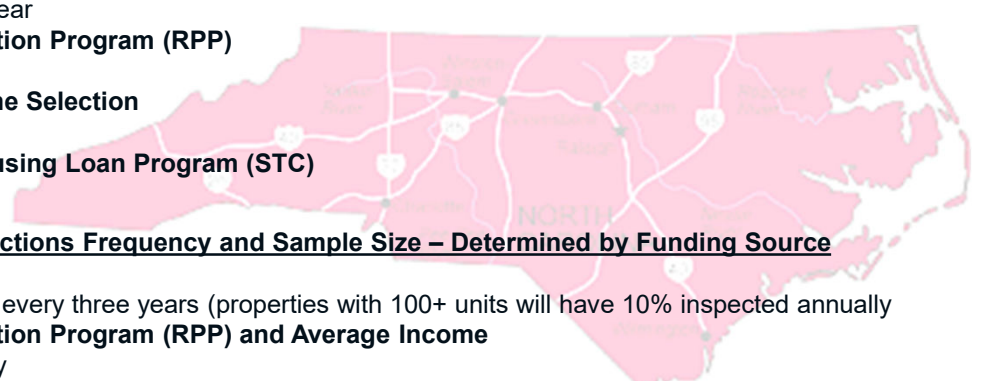
- 20% of units every three years (properties with 100+ units will have 10% inspected annually)

Rental Production Program (RPP) and Average Income

- 10% annually

Workforce Housing Loan Program (STC)

- 10% annually



Note:

Monitoring and sample size may be increased at the Agency's discretion



Rough Scheduling In RCRS

Monitoring Activity - Date Scheduled in the format of Month/Year is tentative and will be firmed up prior to the indicated month

Date Scheduled	Monitoring Type	Property	Monitor	Phone	Email
02/12/2025 9:00 A.M.	Physical Inspection		Steven James		stjames@nchfa.com
02/25/2025 9:30 A.M.	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
02/25/2025 12:00 P.M.	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
03/13/2025 9:00 A.M.	Physical Inspection		Krista Zimmer		kzimmer@nchfa.com
March/2025	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
March/2025	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
March/2025	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
March/2025	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
March/2025	Physical Inspection		Randa McCauley		rmccauley@nchfa.com
April/2025	Physical Inspection		Krista Zimmer		kzimmer@nchfa.com
April/2025	Physical Inspection		Steven James		stjames@nchfa.com
April/2025	Physical Inspection		Steven James		stjames@nchfa.com
April/2025	Physical Inspection		Lisa Alston		linalston@nchfa.com
April/2025	Physical Inspection		Randa McCauley	(919) 877-5669	rmccauley@nchfa.com
May/2025	File Review		Lisa Alston	(919) 877-5669	linalston@nchfa.com
May/2025	File Review		Lisa Alston	(919) 877-5669	linalston@nchfa.com
June/2025	File Review		Lisa Alston	(919) 877-5669	linalston@nchfa.com
July/2025	File Review		Lisa Alston	(919) 877-5669	linalston@nchfa.com
September/2025	File Review		Lisa Alston	(919) 877-5669	linalston@nchfa.com

If the status is rough schedule status, the "Date Scheduled" will show a month/year

If the physical inspection status has been confirmed, the "Date Scheduled" will show a date and time, i.e. 3/13/2025 9:00A.M.

Contact information for Monitor conducting the Review

Monitoring schedule is available in RCRS annually by the end of January
 Check often for revisions (recommend to check monthly)
 Staff will email prior to the physical inspection to schedule the (30-60 days)
 Contact the monitor if you have physical inspection schedule request for month of rough schedule
 Reschedule request considered if requested at **least 2 months** in advance (rough schedule stage only)



To access the monitoring schedule:
 log into RCRS, click on the "Monitoring Home" Tab



Release of the Notification Letter

Physical Inspections:

- The Notification Letter will be released in RCRS 15-days prior to the inspection
- The Notification Letter will include the "Tips for a Successful Property Inspection" (updated 12/2023) and the North Carolina Housing Finance Agency: Policy Update 3.0, Physical Inspection Noncompliance Items" (effective January 1, 2024; updated 1/2025)

File Reviews:

- 14-days from the date of receiving notification letter through RCRS to respond
- Ensure that everything that is requested is provided
- Use the 14-days to review what the Monitor will be reviewing

Reminder:



- Notification letters are sent via RCRS system generated email that there is an action that needs attention
- Make sure roles are updated under Management Contacts



Review Reminders

To be in compliance file reviews/physical inspections :

- Units must be occupied by certified, income eligible households at restricted rents
- Be rented to non-transient households
- Maintain a condition suitable for occupancy and meet program inspection protocols
- Project must meet the minimum set-asides
- Be available to the general public

Preparing for the file review:

- File reviews are conducted through RCRS
- Review the Notification Letter to provide what is asked for
- Ensure Utility Allowance has been updated
- Ensure Management forms uploaded/current
 - Affirmative Housing Marketing Plan
 - Tenant Selection Plan
 - 8609s
 - Etc.
- Only provide what is requested in the notification letter



Review Reminders

Physical Inspections: what are we looking for

- Conducted to ensure that the property and units are in compliance with the:
- National Standards for the Physical Inspection of Real Estate (NSPIRE)
- Standards adopted by the IRS
- State specific requirements

Inspection Compliance Tips:

- Have a preventative maintenance schedule
- Walk your property on a regular basis
- Conduct random inspections
- When staff is inside apartments – look for work orders that need to be generated
- Budget properly for replacements and big repairs
- Deferred maintenance cost more in the future
- Notify staff of the rough schedule month in RCRS
- As soon as the inspection date is confirmed – notify everyone!



Review Reminders – Inspection Day

Review of Management Documents:

All Properties

- Affirmative Fair Housing Marketing Plan (AFHMP) – Must have an approved plan by the Agency uploaded in RCRS and posted in a common area (must match)
- Tenant Selection Plan – Must have an approved plan by the Agency uploaded in RCRS and posted in a common area (must match)
- HUD Form 5381 - VAWA Emergency Transfer Plan posted in a common area and other VAWA forms used in Lease – Posted in office with applicable addenda(s)
 - RD AN No. 4814, 1/18/2017 Provides a Rural Development Emergency Plan that can be use for properties layered with RD in place of HUD Form 5381

RPP Properties

- Management Plan – Ensure Agency approved copy uploaded in RCRS – if changes update

CHDO Properties

- Tenant Grievance Procedures – Agency approved copy posted in a common area



Review Reminders – Building Inspections

Annual third-party inspections of building systems (if applicable)

- Elevator(s)
- Fire sprinkler, alarm systems, back flow
- Emergency backup generator, chiller and hot water boilers
- Rechargeable Fire extinguishers

Reports must be available prior to the inspection, if they are not available on the day of the inspection, it will recorded as noncompliance

- Certificates and/or inspection reports must show that the systems or components have passed the inspection (within 12 months of our visit) and components work as intended
- Get an early start on these inspections
- If failed inspection, time will be needed for service calls and re-inspections
- Reports showing failing results will put the building(s) and/or components in noncompliance



Review Reminders – Unit Selection

Choosing units to be inspected:

- Sample size is based on funding type and compliance period status
- Vacant Unit Inspection Policy: Prior to 2021, the policy was to enter all units that have been vacant for more than 30 days, up to a maximum of 10. For 2025, we will only inspect 20% of units vacant over 30 days due to the anticipated workload. This policy will be reevaluated annually for the next few years, until workload moderates
- The Agency may inspect additional vacant or occupied units as deemed necessary up to 100% of units

Units that will not be chosen:

Special conditions when Agency - staff may not want inspect certain units

- Bedbug/insect infestation in apartment
- Resident is under eviction
- Unit is under a court related lock-out
- Resident who has a contagious illness
- Vicious dog barking or growling at the door and resident is not home
- A resident or residents that are verbally or physically abusive



Reminder

Vacant Units over 6 months (rent ready or not) will be inspected and state noncompliance issued if no move-in scheduled



Preliminary Inspection Report - Physical Inspection

Navigation Village / 978324

03/20/2024 09:00 AM

Quietest Route Road, Vacation Town NC 27839

Sick - 1016, 1020
 Evictions - 1016
 Bedbugs - None
 Vacant Units - None

AFHMP - Uploaded in RCRS, Posted 3/23/2020
 TSP - Uploaded and Posted - January 2021
 Lease Uploaded
 MP - Uploaded
 5381 - Posted

Fire extinguishers 7/2023

Property Observations

Outside > 1234 Quietest (Building NC-95-14325)

Lighting - Exterior
 A permanently installed light fixture is damaged, inoperable, missing, or not secure.
 Cover missing on porch light. Unit 1003

Inside

Other
 Other - Comment

Water heater relief valve requires 2-6 inches clearance. Will be cited as noncompliance effective 1/1/2025.

Unit Observations

New Preliminary Inspection Report



- No more paper Physical Inspection Papers
- Copy of the Preliminary Inspection Report emailed to the signing management representative
 - Management representative responsible for forwarding management staff/owner
- If WIFI available at property, the copy can be received prior to the inspector leaving



Unit Observations

Bldg. 7 1234 Quietest Circle (NC-95-14325) Unit 777

Bedroom 1

Smoke Alarm

Smoke alarm is not installed where required.

Missing.

Warning: 24-hour correction required

24-Hour Correction Required

Bedroom 2

Smoke Alarm

Smoke alarm is not installed where required.

Missing.

Warning: 24-hour correction required

Bedroom 3

Smoke Alarm



The Preliminary Inspection Report

- Will identify corrections that must be made within 24-hours
- Corrective documentation should indicate repair made within 24-hours
- Included with Management's response to the results letter (30 days)



Home Property List Property Menu Actions

96834 -> Navigation Village -> Physical Inspection Details -> 2024 Physical Inspection

2024 Physical Inspection Return to Physical Inspections

General	Findings								
Dates									
Units									
Findings	Standard Item	Deficiency	Building	Unit	Description	Notes	Finding Type	Finding Status	Date Corrected
	Electrical – Ground-Fault Circuit Interrupter (GFCI) or Arc-Fault Circuit Interrupter (AFCI) – Outlet or Breaker	(24 Hour Fix) An unprotected outlet is present within six feet of a water source.	No Building Selected	No Unit Selected	Public Laundry Room – The laundry electrical outlet is not GFCI protected and within six feet of a water source.	This issue is grandfathered for 2024 inspections, effective 1/1/2025, this issue will be cited as noncompliance observed.	Compliance Issue	Cleared	
	Documents	Documents: Affirmative Fair Housing Marketing Plan	No Building Selected	No Unit Selected	The plan uploaded in RCRS is dated 10/26/2020. The plan posted at the property is dated 2/17/2006.	Provide evidence that the correct plan has been posted at the property.	Compliance Issue	Un-Corrected	
	Documents	Documents: Tenant Selection Plan	No Building Selected	No Unit Selected	The plan uploaded in RCRS is dated 4/5/2020. The plan posted at the property is dated 10/18/2019.	Provide evidence that the correct plan has been posted at the property.	Compliance Issue	Un-Corrected	
	Wall - Interior	Interior wall has a loose or detached surface covering.	NC-98-00566	116	Bathroom 1		Compliance Issue	Cleared	
	Electrical – Ground-Fault Circuit Interrupter (GFCI) or Arc-Fault Circuit Interrupter (AFCI) – Outlet or Breaker	(24 Hour Fix) An unprotected outlet is present within six feet of a water source.	NC-98-00566	116			Compliance Issue	Cleared	
	Smoke Alarm	(24 Hour Fix) Smoke alarm is not installed where required.	NC-98-00566	116		Provide a copy of the work order or invoice to document the correction.	Compliance Issue	Un-Corrected	
	Smoke Alarm	(24 Hour Fix) Smoke alarm is not installed where required.	NC-98-00566	116	Room 2 => Missing.	Provide a copy of the work order or invoice to document the correction.	Compliance Issue	Un-Corrected	

24-Hour Correction Notice
Will show up in RCRS under the finding tab

Reviews - Results Letter

Exhibit A
All Creatures Farm Community
Friday, February 16, 2024

Noncompliance Issues:

Bin #	Unit #	Out of Compliance Date	Type of Noncompliance	Noncompliance Identified	Corrective Action	Date Corrected
All	All	2/16/2024	IRS	The site sign is damaged and not legible	Please provide a work order or invoice documenting the correction	Uncorrected
NC-20-007777	77	2/16/2024	IRS	The hall smoke detectors is missing	Please provide a work order documenting the correction	Uncorrected
NC-20-007777	77	2/16/2024	State	Observed evidence of smoking material (cigarette butts in the hall bathroom toilet	Please provide evidence that the violation was addressed with the resident	Uncorrected
NC-20-007777	All	2/16/2024	State	Observed a hole in the siding that allows water penetration to the left of Unit #77 entry door	Please provide a work order documenting the correction	Uncorrected

- Notifies Owner and Management of findings observed, and corrective action required if applicable
- Management will upload all responses (in PDF format) into RCRS within the allotted response timeframe (only noncompliance items require responses)



Concerns or Comments:

Unit #	Concern or Comment	Suggested Improvement to Strengthen Management Practices, if applicable
All	The back of the building patio ceiling has damage surfaces that needs to be repaired.	

No Response Required For Concern or Comments



Reviews - Results Letter

Exhibit A
All Creatures Farm Community
Friday, February 16, 2024

Noncompliance Issues:

Bin #	Unit #	Out of Compliance Date	Type of Noncompliance	Noncompliance Identified	Corrective Action	Date Corrected
All	All	2/16/2024	IRS	The site sign is damaged and not legible	Provide a work order or invoice documenting the correction	Uncorrected
NC-20-007777	77	2/16/2024	IRS	The hall smoke detector is missing	Provide a work order documenting the correction	Uncorrected
NC-20-007777	77	2/16/2024	State	Observed evidence of smoking materials – cigarette butts in the hall bath toilet	Provide documentation the Lease is being enforced	Uncorrected
NC-20-007777	All	2/16/2024	State	Observed a hole in the siding that allows water penetration to the left of Unit #77 entry door	Provide a work order or invoice documenting the correction	Uncorrected

- Notifies Owner and Management of findings observed, and corrective action required if applicable
- Management will upload all responses (in PDF format) into RCRS within the allotted response timeframe (only noncompliance items require responses)



Concerns or Comments:

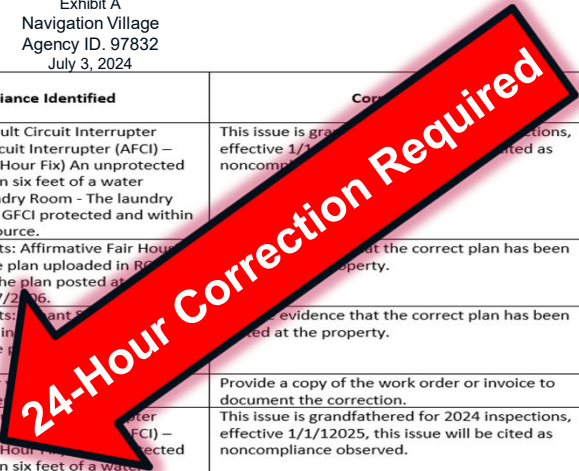
Unit #	Concern or Comment	Suggested Improvement to Strengthen Management Practices, if applicable
All	The back of the building patio ceiling has damage surfaces that needs to be repaired.	

No Response Required For Concern or Comments



Noncompliance Issues:

BIN #	Unit #	Out of Compliance Date	Type of Noncompliance	Noncompliance Identified	Correction	Date Corrected
All	All	07/01/2024	State	Electrical – Ground-Fault Circuit Interrupter (GFCI) or Arc-Fault Circuit Interrupter (AFCI) – Outlet or Breaker-(24 Hour Fix) An unprotected outlet is present within six feet of a water source. => Public Laundry Room - The laundry electrical outlet is not GFCI protected and within six feet of a water source.	This issue is grandfathered for 2024 inspections, effective 1/1/2025, this issue will be cited as noncompliance observed.	No Finding
All	All	07/01/2024	State	Documents-Documents: Affirmative Fair Housing Marketing Plan => The plan uploaded in Results dated 10/26/2020. The plan posted at the property is dated 2/17/2026.	Provide evidence that the correct plan has been posted at the property.	Uncorrected
All	All	07/01/2024	State	Documents-Documents: Affirmative Fair Housing Marketing Plan => The plan uploaded in Results dated 10/26/2020. The plan posted at the property is dated 2/17/2026.	Provide evidence that the correct plan has been posted at the property.	Uncorrected
NC-98-00566	116	07/01/2024	State	Wall - Interior-Interior detached surface coverings missing or damaged.	Provide a copy of the work order or invoice to document the correction.	Uncorrected
NC-98-00566	116	07/01/2024	State	Electrical – Ground-Fault Circuit Interrupter (GFCI) or Arc-Fault Circuit Interrupter (AFCI) – Outlet or Breaker-(24 Hour Fix) An unprotected outlet is present within six feet of a water source. => Storage area => The laundry electrical outlet is not GFCI protected and within six feet of a water source.	This issue is grandfathered for 2024 inspections, effective 1/1/2025, this issue will be cited as noncompliance observed.	No Finding
NC-98-00566	116	07/01/2024	State	Smoke Alarm-(24 Hour Fix) Smoke alarm is not installed where required. => Bedroom 1 => Missing.	Provide a copy of the work order or invoice to document the correction.	Uncorrected
NC-98-00566	116	07/01/2024	State	Smoke Alarm-(24 Hour Fix) Smoke alarm is not installed where required. => Bedroom 2 => Missing.	Provide a copy of the work order or invoice to document the correction.	Uncorrected

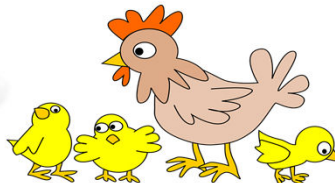
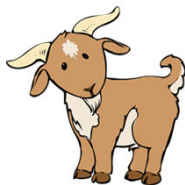


**24-Hour Correction Notice
will show up in the Results Letter**



Failure To Make 24-Hour Repairs

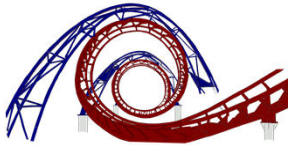
24 hour repairs were not completed timely, and a continued practice of not making timely repairs may result in being removed from the Approved Management List.



Reviews Results Letter – File Review

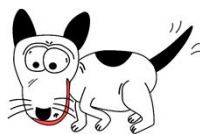
- Do not include a copy of the results letter
- Ensure to include what is asked for in the letter
- Do not back date corrections
- Do not use the “True and Accurate as of...” Statement
- Comments/Concerns do not require a response, but should be addressed internally to avoid potential future noncompliance
- If clarification is needed, reach out to the monitor that conducted the file review

Tip: Keep correction documentation in order of the Exhibit A



Reviews Results Letter – Physical Inspections

- Provide a work order/invoice along with pictures documenting the correction
- Do not upload a copy of the Compliance Results Letter
- When to send a invoice/work order/Picture
 - Invoice – if a contractor/vendor does the work
 - Work Order – if staff completes repair
 - Picture – resident makes repair
 - Send only what is requested
- Make sure that the invoice/work order includes the date the work order is completed or it will be considered incomplete
- A bid or proposal is not satisfactory documentation that the noncompliance has been corrected



Reviews - Final Report Letter

Exhibit A
All Creatures Farm Community
Friday, February 16, 2024

Noncompliance Issues:

Bin #	Unit #	Out of Compliance Date	Type of Noncompliance	Noncompliance Identified	Corrective Action	Date Corrected
All	All	2/16/2024	IRS	The site sign is damaged and not legible	Please provide a work order or invoice documenting the correction	3/4/2024
NC-20-007777	77	2/16/2024	IRS	The hall smoke detectors is missing	Please provide a work order documenting the correction	Uncorrectd
NC-20-007777	77	2/16/2024	State	Observed evidence of smoking material (cigarette butts in the hall bathroom toilet	Please provide evidence that the violation was addressed with the resident	3/4/2024
NC-20-007777	All	2/16/2024	State	Observed a hole in the siding that allows water penetration to the left of Unit #77 entry door	Please provide a work order documenting the correction	No Findings



- After compliance monitor reviews management's response, the final report is released
- Notifies Owner & Management of corrective dates for noncompliance cited or cleared findings
- If in the compliance period, additional 15-day opportunity
- If items are left uncorrected, a compliance resolution packet will need to be submitted through RCRS to clear/correct items



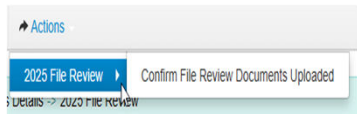
Reviews – Compliance Resolution Packet



- Uncorrected noncompliance (IRS/State/Program) remaining from the closed monitoring review, must be corrected to remain in good standing (Owner/Management)
- The owner/management company creates/uploads compliance resolution packet in RCRS
- Monitor will review provided documentation and mark findings as: corrected, cleared/no finding/uncorrected with correction action plan required
- The Owner Response Follow-up letter uploaded in RCRS
- If applicable, all findings of IRS noncompliance corrected/cleared are reported on an updated IRS Form 8823
- Agency does not send out reminder notifications of uncorrected noncompliance
- Instructional video on our YouTube Channel

Reminder

When submitting any response you must click on "Action" after selecting the activity from the "red numbered drop down box" and follow the steps for the Monitor to receive the documents



What does it take to build an apartment community?

Mixed Funding & the Requirements



NCHFA Rental Asset Management Compliance Fair

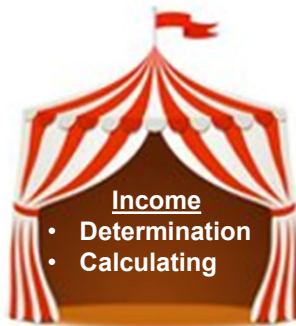


Mixed Funding Reminders

When properties have multiple layers of funding, typically following the most restrictive rule will suffice. There are times when the rules will conflict and using the most restrictive will not work. In those instances it always best to reach out to Ownership and let them make the decision on compliance

Remember: When layered with HUD funding, you must adhere to the "Occupancy Protections for HUD Assisted Households in Properties with Low Income Housing Tax Credits" memo

- Not allowed to terminate assistance just to comply with LIHC program
- Can offer an incentive to move, but must meet HUD requirements



Mixed Funding – Income Determination

LIHC – Per IRS Notice 80-88, the LIHC program uses HUD’s method of determining annual household income for HUD’s Section 8 program. HUD’s annual income rules can be found in Chapter 5 of the HUD 4350.3. These rules are based on 24 CFR 5.609

HUD – HUD’s method of determining annual household income can be found in Chapter 5 of the HUD 4350.3 and calculated based on 24 CFR 5.609. Utilizes Enterprise Income Verification (EIV) in conjunction with 3rd party when verifying income.

RD – Annual income guidelines can be found in Chapter 6 of the RD HB-2-3560-8. RD 7 CFR 3560.153, states that annual income is calculated in accordance with 24 CFR 5.609.

HOME – Per 24 CFR 92.203 (b), when determining household income eligibility the Participating Jurisdiction (PJ) must use one of the two following definitions of “annual income”:

Annual income as defined at 24 CFR 5.609; or

Adjusted gross income as defined for purposes of reporting on IRS form 1040



Mixed Funding – Range of Hours

HOTMA Update

LIHC, HUD, Rural Development

When 3rd party verification list a range of hours (example 30-40 hours) for the average number of hours worked, use the average of the range to calculate annual income for all households

$$\$10 \times 35 \left(\frac{30+40}{2} \right) \times 52 = \$18,200$$



Mixed Funding – Income Limits



Multifamily Tax Subsidy Income Limits (MTSP)

- Published annually by HUD per county
- Limits are property specific and held harmless after PIS
- Range from 20% - 80% in 10% increments



Rural Development Multi-family Housing Program

- Published annually by USDA per county
- Levels:
 - 50% Very Low
 - 80% Low
 - Moderate (80% + \$5,500)



Office of Policy Development and Research (PD&R)

- Published annually by HUD per county
- Levels:
 - 30% Extremely Low
 - 50% Very Low
 - 80% Low



Office of Policy Development and Research (PD&R)

- Published annually by HUD per county
- Levels:
 - 30% (Information only)
 - 50% Very Low
 - 60% (Information only)
 - 80% Low



Mixed Funding – Rent Limits



- Calculated using Multifamily Tax Subsidy Income Limits (MTSP)
- Based on imputed household size
- Gross rent must be below max rent limit
 - Gross rent = Tenant Rent + UA + Fees



- Determined by RD; one of four types
 - Note rent
 - Basic rent
 - HUD contract rent
 - LIHC rent
- Based on Gross Tenant Contribution, the higher of:
 - 30% adjusted monthly income
 - 10% gross annual income



- Determined by HUD utilizing contract rent
- Based on Total Tenant Payment (TTP), the higher of:



- 30% adjusted monthly income
- 10% monthly gross income
- Welfare rent or \$25 minimum rent (Section 8 only)

- Rent tied to income limits (low HOME & high HOME)
- If Agency loan – rents must be approved
- Gross rent must be below max rent limit
 - Gross rent = Tenant Rent + UA + Fees + RA



Mixed Funding – Students

There is no “most conservative” scenario when dealing with the student rule. When qualifying a household in a mixed subsidy unit, you **MUST** meet the criteria for both sets of rules.

- LIHC & Tax Exempt Bonds – HH comprised of all full-time students are not eligible unless they meet one of five exceptions
- Section 8 & HOME Program – Students FT or PT are not eligible unless they meet one of five exceptions (different from LIHC exceptions)
- Rural Development – Students FT or PT are not eligible unless they meet all four of the stipulations



Mixed Funding – Student Rules/Exception

LIHC

Full time students of any age at an educational institution are eligible as long as they meet the following exceptions

1. Married and entitled to file a joint tax return
2. Single parent with dependent child/children
3. Participates in WIOA or similar program
4. Foster Care
5. TANF

Sections 8 / HOME

Full or part time students attending an institution of higher education are eligible as long as they meet the following exceptions:

1. Over the age of 23
2. Disabled Individual Receiving Assistance Prior to 11/30/2005
3. Veteran of the United States Military
4. Married
5. Parent with a Dependent Child
6. Independent and Individually eligible or has Parents who are income eligible
7. Dependent Living with a Parent

RD

Students may be considered eligible when all of the following conditions are met:

1. Be of Legal Contract Age Under State Law
2. Have Established a Household Separate from Parents or Legal Guardians
3. Not Claimed by Parents or Legal Guardians per IRS
4. Obtained Certification Regarding Receipt of Financial Assistance



It's important to know your funding source & and how the programs work together



Mixed Funding Over Income & Ineligible Households



LIHC Allows for household to remain housed, the designation would change



RD Required to move if adjusted income is above the RD Moderate Income Limit (80% + \$5,500)



HUD Allows for household to remain housed, subsidy adjusted accordingly



HOME (Agency Funded) Allowed to remain housed; if over 80% AMI, must calculate rent as 30% of adjusted income



If these are layered together, they can conflict and make remaining in compliance for all programs problematic



Mixed Funding Mid-year Income Changes



HUD Only Items that have changed are verified



LIHC* No effect



RD Any income changes trigger a full recertification



HOME (Agency Funded) No effect



**If these are layered together, they can conflict and make remaining in compliance for all programs problematic*



Mixed Funding Certification Forms – LIHC & HOME

TENANT INCOME CERTIFICATION

Initial Certification Recertification Other* _____

Effective Date: _____
Initial LIHTC Qualification Date: _____
Move-in Date: _____

PART I. DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
Address: _____ Unit Number: _____ #Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (circle one)	Last 4 Digits of Social Security No.
1					FT / PT / NAP	
2					FT / PT / NAP	
3					FT / PT / NAP	
4					FT / PT / NAP	
5					FT / PT / NAP	
6					FT / PT / NAP	
7					FT / PT / NAP	

Updated Form

Signature _____ Date _____
Tenant Income Certification (2024) | Page 1



Tenant Income Certification (TIC)
Required form for Agency funded projects



Mixed Funding Certification Forms - HUD

Head of household name: _____ Social Security Number: _____ Date Modified: _____

Family Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing OMB Approval Number 2577-0083

1. Agency

1a. Agency name _____
1b. PHA code _____
1c. Program _____
1d. Project Number _____
1e. Building Number _____
1f. Building Entrance Number _____
1g. Unit Number _____
1h. Unit Real Estate ID Number (see instructions) _____

HUD Form 50058 (1/2024)

Can be used as 3rd party verification with TIC
(Updated due to HOTMA)

HUD Form 50059
Can be used in lieu of TIC after initial move-in

Certification Summary from Page 2			
Project	Effective Date	Certification Type	Anticipated Voucher Date
Household		Total Tenant Payment	Tenant Rent
		Assistance Payment	
Extenuating Circumstances Code			
Tenant Signatures			
Household	Date	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date



Mixed Funding Certification Forms - RD

1. Effective Date

Initial Certification Certification Expired & Eviction in Process
 Recertification Designate 60 Day Absence
 Modify Certification End 60 Day Absence
 Cotenant to Tenant
 Assign/Remove RA Tenant Transfer
 Vacate a Unit

PART I-PROJECT AND UNIT IDENTIFICATION

2. Project Name 3. Borrower ID and Project Number 4. Unit Type 5. Unit Number

WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or causes to be made or published any false or fraudulent statement or entry, shall be fined under this title..."

PART II-TENANT HOUSEHOLD INFORMATION

6. Tenant Subsidy Code (enter code)

0 - No Deep Tenant Subsidy
1 - Rental Assistance (RA)
2 - Project Based Section 8
4 - Other Public RA
5 - Private RA
6 - HUD Voucher
7 - Other Types at Basic Rent
Other Subsidy Indicator (leave blank if none, P-Partial or F-Full)

7. Social Security No. 8. Household Member Name (Last, First and Middle Initial) 9. Sex 10. Date of Birth (MM DD YY) 11. Race 12. Ethnicity

13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older
 (Complete this only when household member is a Tenant or

14. Elderly, Disabled or Handicapped
 (Complete this only when household member is a Tenant or

Updated due to HOTMA



RD Form 3560-8
Can be used in lieu of TIC after initial move-in



	LIHC	Tax Exempt Bond	Section 8	Rural Development	HOME
Income Certification Form	Required form: Tenant Income Certification (TIC)	LIHC Income Cert	50058 (for 3rd party + TIC) 50059 (in place of TIC after MI)	RD 3560-8 (in place of TIC after MI)	LIHC Income Cert
Move-in Effective Dates	Actual move-in date	Actual move-in date	Actual move-in date	1st day of the month, regardless of actual MI date	Actual move-in date
Recertification Timing	No AR required if 100% low income. Agency requires 1st year AR. Mixed income must recertify annually on anniversary of MI. (Agency will allow AR to be effective on 1st of anniversary month)	Same as LIHC	Recertified annually effective on the 1st day of anniversary month.	Recertified within 12 months of the most recent full AR.	Recertified in the 6th year of affordability period. If HOME funds from Agency, must recertify annually.
Mid-year Income Changes	No effect. *DHHS Targeting Program w/ Key Assistance - special circumstances apply	No effect	Income changes within certain parameters trigger an interim recert, where only items that have changed are verified; AR date remains the same	Income changes within certain parameters trigger a full AR, where all info is verified; next AR date is 12 months later	No effect
Student Rules	HH comprised of all full-time students not allowed unless an exception is met. Student financial assistance excluded from income unless the HH receives Section 8 assistance	Same as LIHC	Students (FT or PT) are disqualified unless 24+ OR age 23 & younger with a dependent child, OR married, OR a veteran, OR living w/ parents who receive Section 8 assistance. If receiving rental assistance, student financial assistance is included in income unless 23+ with a dependent child or student lives w/ parents. If no rental asst, student financial asst is excluded.	Students eligible if: 18+ and have established home apart from parents; not claimed by parents on tax return; any assistance received from parents is disclosed. If receiving project based section 8, student financial assistance is included in income for projects w/ project based section 8. If no rental assistance, student financial assistance is excluded.	Same as Section 8
Income Verification	HUD 4350.3 Verification methods. 3rd party preferred method. Check stubs are 3rd party, need 4-6 consecutive	Same as LIHC	Enterprise Income Verification System (EIV)	Same as LIHC	2 months of source documentation of income. VOE not allowed unless YTD contains 2 months of source data.



Mixed Funding Quick Reference Chart



	LIHC	Tax Exempt Bond	Section 8	Rural Development	HOME
Income Set-asides*	50%, 60% AMI or Income Averaging w/ no more than 4 bands ranging from 20% - 80%, with average not to exceed 60%	Same as LIHC	30%, 50% or 80% AMI	50%, 80% AMI or Moderate Income Level	50% or 80% AMI
Rent Requirements	Rent tied to income set-aside	No rent restrictions	Rent determined by HUD	Rent determined by RD	Rent tied to income set-aside. If Agency loan, rents must be approved.
Utility Allowances	7 acceptable methodologies to establish UA. UA must be approved annually by the Agency	N/A	HUD approves UA (can't use LIHC methods)	RD approves UA (can't use LIHC methods)	PHA UA not allowed on project w/ funds committed after 8/23/13 Final Rule
Income and Rent Limits	MTSP charts published annually by HUD; actual limits are property specific due to additional rules. Limits held harmless after PIS. Rent floor established as of allocation date	Same as LIHC, except no rent restrictions	Section 8 charts published annually by HUD; allowed to decrease	Published annually by RD; held harmless	Same as Section 8; must be published by CPD before implementation
Lease Requirements	At least 6 month initial term; no required form	Same as LIHC	HUD approved lease	RD approved lease	At least 12 month initial term w/ prohibited lease terms. If Agency loan, must use NCHFA HOME Lease Addendum
Reserve Requirements	N/A	N/A	HUD determines deposits & approves withdrawals	RD determines deposits & approves withdrawals	PJ determines deposits & approves withdrawals
Reporting Systems	Rental Compliance Reporting System (RCRS)	N/A	Tenant Rental Assistance Certification System (TRACS)	Management Agent Interactive Network Connection (MINC)	Integrated Disbursement & Information System (IDIS). Initial qualifying move-ins only; reported to HUD by PJ
Elderly Definition	All HH members 62+ OR at least 1 person 55+ in 80% of units. If layered w/ Federal Program, follow that program's definition	Same as LIHC	Follow program definitions	62+ or disabled at any age	Same as LIHC
Occupancy	Owner sets occupancy guidelines	Same as LIHC	Not allowed to underutilize or overcrowd	If rental assistance, not allowed to underutilize or overcrowd	Same as LIHC



Mixed Funding Quick Reference Chart



	LIHC	Tax Exempt Bond	Section 8	Rural Development	HOME
Transfers	Sometimes allowed (See LIHC rules related to transfers)	Must always be income qualified to transfer; If combined with LIHC, follow LIHC rules	Always Allowed	Always Allowed	Always Allowed
Over Income at Annual	Allowed to remain housed (See LIHC rules regarding OI HH)	Same as LIHC	Allowed to remain housed; subsidy adjusted accordingly	Required to move if above allowed income level	Allowed to remain housed; if over 80% AMI, must calculate rent as 30% of adjusted income.
Citizenship	No Requirement	No Requirement	Only U.S. citizens or eligible non citizens may receive assistance	No requirement for 515	No Requirement
NOTES:	<p>*LIHC Mid-year Income Changes: For DHHS Targeting w/ Key Assistance, if HH income ↓ and makes the rent ↓ as in a job loss, etc. complete an update event/recertification (depending on funding sources for the property or management's preferences). If HH income ↑ no event completed until next AR date. If HH composition changes a complete AR should be completed to include all income/assets.</p> <p>*Income Set-asides: Universal to most housing programs is 30% AMI = Extremely Low Income (ELI); 50% AMI = Very Low Income (VLI); 80% AMI = Low Income (LI)</p>				



Mixed Funding Quick Reference Chart



Thank you!

**THE
END**



Within seven (7) business days, you will receive your survey by email to complete. Once the survey is completed, you will receive a follow-up email with your training certificate.





**NORTH
CAROLINA
HOUSING**
FINANCE AGENCY

Training Resources

North Carolina Housing Finance Agency Asset Management – Compliance Manual

https://www.nchfa.com/sites/default/files/page_attachments/Final%20Version%20-%20NCHFA%20Compliance%20Manual%20%2812-16-2021%29%20%281%29.pdf



HUD Website Links

HOME Laws and Regulations Website

<https://www.hudexchange.info/programs/home/home-laws-and-regulations/>



HUD 4350.3: Chapter 5, Exhibit 5-1, 5-2, Appendix 3 Link

https://www.hud.gov/program_offices/administration/hudclips/handbooks/hsg/4350.3



HUD NSPIRE Website

https://www.hud.gov/program_offices/public_indian_housing/reac/nspire



HUD HOTMA Resources Website

https://www.hud.gov/program_offices/public_indian_housing/hotmaresources



IRS Website Links

Low-income Housing Credit Agencies Report of Noncompliance or Building Disposition Audit
Technique Guide (Guide for completing IRS Form 8823) Revision Date 1/24/2024

<https://www.irs.gov/pub/irs-pdf/p5913.pdf>



Section 42

[https://uscode.house.gov/view.xhtml?req=\(title:26%20section:42%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:26%20section:42%20edition:prelim))



North Carolina Housing Finance Agency: Policy Update 3.0

Physical Inspection Noncompliance Items

Effective January 1, 2024

IRS Noncompliance – not included in NSPIRE

- Egress (sleeping rooms):
 - At least 2 points of egress must be unblocked (bedroom entry door AND a window)
 - Window: the full window must be open. Nothing above the window sill or blocking ANY part of the glassed opening
 - Door: must open to 90 degrees minimum and latch
- Egress (living space & bathroom):
 - Only needs 1 point of egress (only the door counts as egress)
 - Door must open to 90 degrees minimum and latch
- Vacant Unit: must be rent ready within 30 days (no outstanding repairs or maintenance issues)
- Dryer Vents: bird cage type covers observed on outside dryer vents (building code violation)
- Accessibility: All amenities, common areas, and accessible units must be in compliance

State Noncompliance – not included in NSPIRE

- Market Appeal:
 - Indoor furniture observed outdoors (common areas and tenant patios)
 - Excessive trash/litter/tires/furniture observed throughout property
 - Cable/Telephone boxes: covers missing/exposed wires
 - Graffiti: More than 1 sq. ft & permanent OR Vulgar/gang related/threatening in ANY size
 - Non-working abandoned cars (wrecked, flat tires, safety concerns, used for storage)
 - Discarded smoking material in the mulch beds (potential fire hazard)
 - Vegetation:
 - Vegetation in unintended areas: nothing can touch roof/siding/mechanical equipment or other unintended surfaces.
 - Overgrown/excessive on fencing to where it affects curb appeal
 - Overgrown/excessive vegetation that blocks site exterior pole lighting
- Fencing:
 - playground fencing must work as intended
 - decorative/dumpster enclosures no more than 20% damage (of total fence coverage)
 - If sharp edges are observed, that will be noted as a health & safety violation
- Wasps nests in common areas or areas that are subject to regular human contact or passage
- Grease discarded on building components or in the landscape bedding around the building
- Parking Lot:
 - Pooling of oil observed
 - Damages that result in cracks/gap/spalling at parking lots/driveways/roads that are under the supervision of management can be considered trip hazard, as these areas can be used by pedestrians
- All exterior electrical boxes/panels must be zip tied
- Retaining Walls: any size wall showing any sign of rot/deterioration/missing wall components (not landscape borders less than 1ft)
- Erosion/Ponding:
 - Large areas where soil has been displaced due to storm water
 - Ponding where water is within 25 ft of building and no rain within 48 hours
 - Any exposed footings on walkways and/or buildings (NSPIRE only cites when the rebar is exposed)
- Roof: observed 2 or more missing shingles in a single area of a roof
- Flammable Material: no gas/lighter fluid/self-starter charcoal can be in an enclosed space that is in or attached to a living space (NSPIRE only counts if within 3 ft of heat source)
- Tires and/or car parts observed in the unit and/or storage
- Broken water heater pan or plug missing
- Trip hazard: including non-temporary cable/power cords, torn/lifted carpet, damaged thresholds
- Unintended Drop-Offs: any sudden drop off a walkway greater than ¾"
- Range:
 - Appliance control display settings are faded/illegible
 - Only oven safe items can be stored inside oven
 - Silicone/foil/disposable liners under burners or oven elements are not acceptable
- Kitchen Cabinetry: more than 20% of cabinetry is damaged (NSPIRE allows for 50%)
- Kitchen Ventilation: self-circulating and vented range hoods will be treated as equal (NSPIRE does not inspect self-circulating)
- Any unit or room that is locked and not inspectable – regardless of the reason
- Evidence of feces or urine in unit or indoor common areas (pet or human)
- Tub: faucet or spout pulled away from wall (allows for water penetration)

- Drug Paraphernalia of any kind observed
- Open flames left unattended (Such as candles) and/or incense being burned in/on anything other than an incense burner (example: in light switches, walls, slats of doors, laying on counter tops)
- Repairs must be made with like material and in a professional manner (in all inspectable areas)
- Tenant-provided fire extinguishers must remain charged and in operable condition
- Vacant Units: Utilities are not turned on during the inspection
- Vacant Units: units vacant over 6 months (rent ready or not) with no move-in scheduled
- Walls: Peeling/missing paint (regardless of year built) larger than 1 sq ft in a single room
- Electrical Panel: No items can be covering/blocking
- Sprinkler System: Any foreign object observed on the sprinkler head (NSPIRE allows for 75% coverage)
- Doors:
 - Interior Doors: any hole larger than 2" (golf ball size)
 - Storm Doors: inspectable and must function as intended (if screen included, will inspect like a window screen per NSPIRE)
- QAP Requirements (not all inclusive, only listing most common findings)
 - Smoking: All properties awarded credits 2015 or later, smoking is not allowed within 25 ft of building
 - Any time oxygen is available for use – smoking is prohibited (regardless of PIS date)
 - Roll in showers: All properties awarded credits 2006 or later, management is required to furnish a weighted shower curtain
 - Fire Protection: All properties awarded credits 2007 or later, management is required to furnish fire stops OR fire extinguishers in each unit
 - Amenities: Any amenity listed in the TC application that is offline, Unfurnished or not used for designated purposes
- Required Management Documents:
 - Tenant Selection Plan (bulletin board & RCRS)
 - Affirmative Fair Housing Marketing Plan (bulletin board & RCRS)
 - VAWA Emergency Transfer Plan (bulletin board only)
 - Blank Lease (RCRS for RPP properties)
 - Management Plan (approved in RCRS only for RPP)
 - 8609s with Part II completed and signed by the owner (uploaded into RCRS only)
 - Tenant Grievance Procedures (bulletin board & RCRS- CHDO properties)

NSPIRE Items – Grace Period until October 1, 2025

- GFCI: Required in all "wet" locations (interior and exterior) within 6 feet of a water source. If a major appliance outlet in "wet" area, the outlet must be GFCI protected or a single use outlet
- Guardrails: Required for elevated heights of 30 inches or more
- ****NEW**** Fire Labeled Doors (all defects)

NSPIRE Items – No longer considered Grace Period and now considered NONCOMPLIANCE as of 1/1/2025

- Bathroom Ventilation: All bathrooms must have a means of ventilation (Either mechanical or a window)
- Smoke Detectors: All smoke detectors must be hard wired OR have a 10-year tamper proof battery
- Water Heaters: new requirement is for TPR piping to be between 2" and 6" from the floor/pan and be made of "approved" material

*HUD NSPIRE Resources: https://www.hud.gov/program_offices/public_indian_housing/reac/nspire

North Carolina Housing Finance Agency: Policy Update 5.0 Housing Opportunity Through Moderation Act (HOTMA)

Required for all certifications effective 7/1/2025 or later (effective date not signature date)

Income (inclusions, exclusions, calculations)

24 CFR § 5.609 (c)

- Inclusions: HOTMA removed the sources of income listed in 24 CFR § 5.609 (b) and instead replaced by an expanded and clarified list of income exclusions found in 24 CFR § 5.609 (c)
 - Note: See Student Financial Assistance Section
 - Student employment income: Earned income of dependent full-time students is excluded in excess of the amount of the deduction for a dependent
 - Adoption Assistance: Include Adoption Assistance up to an amount equal to the current Dependent Deduction
- Exclusions:
 - Non-monetary, in-kind donations, such as food, clothing, or toiletries, received from a food bank or similar organization
 - Lump-sum additions to net family assets, including but not limited to lottery and other contest winnings
 - Temporary, nonrecurring, or sporadic income
 - Income that will not be repeated in the coming year (12 months following) based on information provided by the family (example: Census takers)
 - Day laborers, independent contractors, and seasonal workers are NOT considered temporary, nonrecurring, or sporadic and are all specifically included in family income
 - Workman's Compensation 24 CFR § 5.609 (c)(5)
 - Earned income of children under the age of 18 years
- Verifications:
 - New Requirement (except HOME/NHTF): Only required to obtain a minimum of TWO consecutive paystubs, no matter how often individual is paid
 - HOME/NHTF requirement remains unchanged: two MONTHS worth of pay stubs
 - NCHFA will not accept annual income determined by another administrator, regardless if that verification meets all the HUD requirements

Assets (exclusions, verifications, calculations)

24 CFR § 5.659 (e)

Note: Annual Asset Self-Certification Threshold (2024 = \$50,000. 2025 = \$51,600. To be adjusted annually by HUD)

- Asset Exclusions 24 CFR § 5.609 (b)(3)
 - Necessary personal property
 - Items essential to the household for day-to-day employment, education, health & wellness
 - Examples: furniture, clothing, medical equipment, common electronics
 - Non-necessary personal property with a combined value less than annual asset self-certification threshold is excluded
 - Items not essential to the household for day-to-day employment, education, health & wellness
 - Examples: recreational vehicles, bank accounts, collectibles
 - Retirement plans recognized as such by the IRS (www.irs.gov)
 - Annuities, Stocks, Bonds, CDs, etc. that are part of a retirement account are also excluded
 - If receiving a distribution, the distribution is considered income
 - Federal & state tax refunds
 - If total net family assets exceed annual asset self-certification threshold the value of the tax returns must be verified
- Real Property in NC:
 - Land/building or structure/permanent fixture: Always counted as an asset 24 CFR § 5.100
 - A single/double wide home: if local office deems it personal property, it is not included as an asset and not listed on TIC
 - Real property where the household does not have the legal authority to sell is excluded
- Asset Verification:
 - Asset Self Certification:
 - HOME/NHTF must continue third party verification of ALL assets at move-in
 - When total household assets are below annual asset self-certification threshold, certify using the Asset Self Certification
 - When total household assets exceed annual asset self-certification threshold, all assets must be 3rd party verified
 - Unless tax return reduces household assets below the annual asset self-certification threshold
 - For ALL funding sources, the Asset Self Certification is permissible at annual recert

- Checking Accounts: 6-month average is no longer required. New requirement is the current balance, just as a savings account
- Joint Assets: Total cash value of the asset is counted (no matter the % of ownership to the household member), unless the asset is otherwise excluded or unless the household can demonstrate the asset is inaccessible
- Asset Income:
 - Impute assets only when total assets exceed annual asset self-certification threshold
 - Impute ONLY those where asset income is not verifiable
 - Impute using current HUD passbook rate
 - Never impute ALL asset value (unless ALL do not have verifiable income)
 - Example of imputed assets: Land does not have a verifiable asset income because it does not produce income (land will always be imputed)
- Disposed of Assets: All disposed of assets need to be considered. Removed the \$1,000 threshold.
- Actual income from assets is always counted, regardless if the asset itself is excluded (i.e. interest on a checking account)
- Note: Guidance, particularly related to assets, is constantly changing, more information on asset requirements to come in the future

Student Financial Assistance

24 CFR § 5.609(b)(9)

Applies to ALL households, not just those receiving Section 8 assistance

- All student financial assistance over covered cost of education is included in income, except HEA Title IV Assistance
 - Actual Covered Costs: Tuition, Fees, Books & Supplies, Room & Board
 - Example of HEA Title IV Assistance: Federal Pell Grants
 - Applies to both full-time and part-time students

Child Support

24 CFR § 5.609(a)(1)-(a)(2)

- Annual income includes “all amounts received”, not the amount that a family may be legally entitled to receive but which they do not receive
 - If Child Support Enforcement is not involved and no CSE printout is available, NCHFA will allow the use of the Child Support Certification to be used as a self-affidavit
 - When calculating income: only the actual amount received is to be calculated

Foster Adult & Child

24 CFR § 5.609(b)(8)

To be considered a foster adult/child; that adult/child must be placed with the family by an authorized placement agency (e.g. public child welfare agency)

- ALL income received by fosters is excluded from income
- Any assets held by fosters must be excluded
- Fosters must not be included when determining household size for income limits
 - Are included when determining bedroom size

Form Changes

- Asset Verification
- Child Support Certification
- Recertification Questionnaire
- Rental Application
- Student Financial Assistance Calculation Worksheet (New Form)
- Student Status – Assistance Verification (New Form)
- Tenant Income Certification (Required Form)
- Asset Self Certification (Required Form)

Additional Guidance

- Published PIH/MFH housing notices, webinars, and other implementation assistance
 - Refer to the HOTMA MFH Webpage https://www.hud.gov/program_offices/housing/mfh/hotma

RENTAL APPLICATION

Office Use Only:

Date Rec'd: _____ Time: _____ am/pm

By (initials): _____

Development Name: _____

Email: _____

Phone Number: _____

Address: _____

of Bedrooms Desired: Eff 1 Br 2 Br 3 Br 4 Br 5 Br

The following is to be completed in its entirety by household members ages 18 and older.
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

Head of Household Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult	
Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	INCOME (Y/N)	SSN NUMBER
1.		Head				
2.						
3.						
4.						
5.						
6.						
7.						

Anticipated changes in household size within the next 12 months? Yes No If Yes, explain: _____

Are there any absent household members who normally reside in the household? Yes No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? Yes No If Yes, explain: _____



PART 3 – HOUSEHOLD INFORMATION:

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

RENTAL HISTORY (must show most recent 2-year rental history)			
Household Member Name:			
	Current Residence	Previous Residence	Previous Residence
Street Address:			
City, State, Zip:			
Select One:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
If other, explain:			
Owner/Landlord Name:			
Owner/Landlord #			
Reason for Leaving			
Dates of Residency mm/yy	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

Have you or any member(s) of the household ever had your lease terminated or been evicted? Yes No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) Yes No

Are you or any member(s) of your household currently fleeing from an abusive situation? Yes No

Are there any animals in the household? Yes No

Would you or any member(s) of the household benefit from the features of an accessible unit? Yes No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? Yes No

If yes to any question(s) above, please explain: _____

EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone #:	Email:



PART 4 – HOUSEHOLD ASSETS:

Have you disposed of any assets for less than Fair Market Value within the last two years? Yes No

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

Type of Asset	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Depository Debit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings/Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Funds (excluding irrevocable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance (excluding Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GoFundMe/Crowdsourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property (Held as an investment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS



PART 5 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Income	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gig Income (Ride Share, Food Delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits (not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships/Grants/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO



PART 6- SIGNATURES:

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date



RECERTIFICATION QUESTIONNAIRE

Development Name: _____ Email: _____

Phone Number: _____ Address: _____

The following is to be completed in its entirety by household members ages 18 and older.
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

Head of Household Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult	
Name:	Phone #:
Mailing Address:	
City/State/Zip:	Email:
Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name:	

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	INCOME (Y/N)	SSN NUMBER
1.		Head				
2.						
3.						
4.						
5.						
6.						
7.						

Anticipated changes in household size within the next 12 months? Yes No If Yes, explain: _____

Are there any absent household members who normally reside in the household? Yes No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? Yes No If Yes, explain: _____



PART 3 – HOUSEHOLD ASSETS:

Have you disposed of any assets for less than Fair Market Value within the last two years? Yes No

Do you or anyone in the household have any of the following assets? Please mark “yes” or “No” for each source of income.

Type of Asset	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Cash Value	Check One	Cash Value	Check One	Cash Value
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Depository Debit Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings/Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Trust Funds (excluding irrevocable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mortgage or Deed of Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Life Insurance (excluding Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GoFundMe/Crowdsourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Mobile Payment Services (Venmo, CashApp, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Personal Property (Held as an investment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Have you received any lump sum payments such as the following:						
Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Lottery or other Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Disability Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS



PART 4 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark “yes” or “No” for each source of income.

Type of Income	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
	Check One	Monthly \$	Check One	Monthly \$	Check One	Monthly \$
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Gig Income (Ride Share, Food Delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Regularly Recurring gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Retirement Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Disability or Death Benefits (not SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TANF or other Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Rental Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Military Pay, including all allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Annuities Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Insurance Policies Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Scholarships/Grants/Work Study	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Long Term Care Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Income from Training Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
List Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO



PART 5- SIGNATURES:

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date



TENANT INCOME CERTIFICATION

Initial Certification Recertification Other* _____

Effective Date: _____
 Initial LIHTC Qualification Date: _____
 Move-in Date: _____

PART I. DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ #Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (circle one)	Last 4 Digits of Social Security No.
1					FT / PT / NAP	
2					FT / PT / NAP	
3					FT / PT / NAP	
4					FT / PT / NAP	
5					FT / PT / NAP	
6					FT / PT / NAP	
7					FT / PT / NAP	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr#	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Total Income (E):				\$

PART IV. ASSETS

PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets from the Asset Self-Certification Form **(F)** \$

PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset

Enter Total Income from all Assets **(M)** \$

PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) **OR** (E) + (M)] \$

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full-time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

PART VI. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____ From Part V. on Page 1	Designated Income Restriction:	Current Income Limit x 140%: \$ _____
	<input type="checkbox"/> 80% <input type="checkbox"/> 70%	
Current Income Limit per Family Size: \$ _____	<input type="checkbox"/> 60% <input type="checkbox"/> 50%	
	<input type="checkbox"/> 40% <input type="checkbox"/> 30%	
Household Income at Move-in: \$ _____	<input type="checkbox"/> 20% <input type="checkbox"/> _____%	Household is over income at recertification:
Household Size at Move-in: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VII. RENT

Tenant Rent: \$ _____	Unit Meets Rent Restriction at:
Utility Allowance: \$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 70%
Rental Assistance: \$ _____	<input type="checkbox"/> 60% <input type="checkbox"/> 50%
Other non-optional / mandatory fees: \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30%
Gross Rent for Unit (See Instructions): \$ _____	<input type="checkbox"/> 20% <input type="checkbox"/> _____%
Is the source of Rental Assistance Federal? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, what is the source of the assistance? _____</i>	
<input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA)	<input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based)
<input type="checkbox"/> HUD Section 8 Moderate Rehabilitation	<input type="checkbox"/> HUD Project-Based Voucher (PBV)
<input type="checkbox"/> Public Housing Operating Subsidy	<input type="checkbox"/> USDA Section 521 Rental Assistance Program
<input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/> Other Federal Rental Assistance _____

PART VIII. STUDENT STATUS

Are all occupants Full-Time Students?	If Yes, enter Student Explanation* and attach documentation	Student Explanation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enter 1-5: _____	<ol style="list-style-type: none"> 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return

PART IX. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this Certification.

a. Housing Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax-exempt Housing Bond <input type="checkbox"/>	d. National HTF <input type="checkbox"/>	e. _____ <input type="checkbox"/>
See Part VI above.	<i>Income Status:</i>	<i>Income Status:</i>	<i>Income Status:</i>	<i>Income Status:</i>
	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> 30%/Poverty Line <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> _____% <input type="checkbox"/> _____% <input type="checkbox"/> OI**

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

Owner/representative Signature

Date

ASSET SELF-CERTIFICATION

ANNUAL ASSET THRESHOLD: _____

For households whose combined assets do not exceed the annual asset self-certification threshold. Complete only one form per household; include assets of all household members including children. **Form cannot be used for HOME/NHTF at move-in.**

Development Name: _____

Head of Household Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

- I/we do not have any assets at this time (move to Part 2):
- I/we have the following assets (enter n/a if you do not own the respective asset):

Note: Be sure to include the value of any cash or other asset in a safe deposit box or any other means of storage.

* Cash value is market value minus cost to convert an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.

NON-NECESSARY PERSONAL PROPERTY							
TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME	TYPE OF ASSET	CASH VALUE*	INTEREST RATE (IF APPLICABLE)	ANNUAL INCOME
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.)				Annuities (current balance)	\$		\$
Description:	\$		\$	Brokerage accounts current account balance (mutual funds, etc.)	\$		\$
Description:	\$		\$	Life Insurance (not term life)	\$		\$
Cash on hand	\$		N/A	Cryptocurrency (Bitcoin, etc.)	\$		\$
Checking (current balance)	\$		\$	Stocks/Bonds (current balance)	\$		\$
Savings (current balance)	\$		\$	CD/Money Market (current balance)	\$		\$
Debit cards (not linked to an account that is listed above)	\$		N/A	Trust accounts (current balance)	\$		\$
Internet based assets (Cash App, Venmo, PayPal, ApplePay, etc.)	\$		\$	Lump sum amounts received not listed in above accounts (lottery/inheritance, etc.)	\$		\$
Other Description:	\$		\$	Other Description:	\$		\$
[A] Total cash value of non-necessary personal property:					\$	[B] Total Income:	\$

Important Note | if the above total value [A] is less than the annual asset self-certification threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property above is added to total income [G] below.

REAL PROPERTY			
DESCRIPTION OF PROPERTY	CASH VALUE	INCOME	
	\$		\$
	\$		\$
[C] Total real property value:	\$	[D] Total real prop income:	\$

TOTAL NET ASSETS AND INCOME			
[E] Tax Refund. Have you received a tax return or refundable tax credit in the last 12 months?			
<input type="checkbox"/> yes <input type="checkbox"/> no value of return/credit	\$	Subtract tax return/credit (if any) from total net assets. See formula for [F]	
[F] Total Net Assets: (Total real property [C] + non-necessary personal property [A] (if [A] exceeds annual asset self-certification threshold) - [E] tax return/refundable credit)	\$	[G] Total Asset Income: [B] + [D]	\$

PART 2 – SELECT ONE OPTION:

- Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) below fair market value (FMV). Those amounts equal a total of: \$_____ (enter the difference between FMV and the amount you received).
- I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

All household members age 18 or older must sign and date.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date



CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: _____

Applicant/Resident Name: _____ Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

Yes Child Support **IS** being collected and distributed to this household through a child support enforcement agency.

(Include CSE printout as documentation of child support received over the past 12 months.)

No Child Support is **NOT** being collected and distributed to this household through a child support enforcement agency.

PART 2 – CHECK ALL THAT APPLY:

In addition to any child support disclosed in Part 1, support/compensation **IS** being received for the following:

NAME	AMOUNT	FREQUENCY
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:
		<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> weekly <input type="checkbox"/> other:

Support/compensation is **NOT** being received from any source for the following:

NAME

NAME

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date



STUDENT FINANCIAL INCOME WORKSHEET

One form to be completed PER student receiving financial assistance.
Attach required documentation as needed.

Development Name: _____

Applicant/Resident Name: _____

Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

The following is to be completed by management.
Information utilized to determine amounts to be listed on Tenant Income Certification.
(Note: Information disclosed may require additional documentation)

Name of Institution of Higher Education: _____

Property Owner(s): _____

PART 1 – FINANCIAL ASSISTANCE

		SOURCE/ADDITIONAL INFO	VALUE
A	HEA Title IV Assistance (Excluded from Value F)		
B	Grants (combined)		
C	Scholarships (combined)		
D	Gifts Paying for Education (combined)		
E	Other Source		
F	Total Assistance NOT Title IV (B + C + D + E)		

PART 2 – EDUCATIONAL EXPENSES

		SOURCE/ADDITIONAL INFO	VALUE
G	Cost of Tuition & Fees		
H	Cost of Books		
I	Cost of Room & Board		
J	Total Cost of Educational Expenses (G + H + I)		

PART 3 – INCOME CALCULATION

Is Value A more than or equal to Value J? Yes No

If yes, Value F is the financial assistance income

Total Income \$ _____

If no, calculate Value A + Value F – Value J = financial assistance income

Total Income \$ _____

Note: Additional resources provided by HUD regarding student financial assistance
<https://files.hudexchange.info/resources/documents/Student-Financial-Assistance-Resource-Sheet.pdf>



STUDENT STATUS/ASSISTANCE VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of student status. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

SCHOOL NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

The following is to be completed by school representative
 Please fill in ALL blanks. Enter N/A if an item is not applicable to the above-named student, for the **current** calendar year
 (Note: Information provided may require additional documentation)

PART 1 – PLEASE COMPLETE:

Currently Enrolled: Yes No

If yes, Enrollment Date: _____

If no, has this individual been a student in ANY month in the current calendar year of _____ Yes No

If no, Last Class Date: _____ (Skip Part 2 & 3; Sign & Date the bottom)

If yes, please complete Part 2 (skip Part 3).

PART 2 – PLEASE COMPLETE:

Please indicate the individual student's full-time (FT) or part-time (PT) status for each month in the calendar year _____:

(Note: part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution)

January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program? Yes No

PART 3 – PLEASE COMPLETE:

Total cost of tuition & fees \$ _____ Per Semester Per Quarter

Total cost of room & board \$ _____ Per Semester Per Quarter

Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans)

TYPE	SOURCE	AMOUNT	FREQUENCY
Grants or Federal/State Aid (Assistance under HEA Title IV)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Scholarships (combined)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Other Source		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

School Name: _____

Email: _____



STUDENT FINANCIAL INCOME CERTIFICATION

One form to be completed PER student receiving financial assistance.
Attach required documentation as needed.

Development Name: _____

Applicant/Resident Name: _____

Unit No: _____

Certification Type: Initial Recertification (Effective Date: _____)

Name of Institution of Higher Education: _____

You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.

For each of the following types of student financial assistance, please check **Yes** or **No**.

PART 1 – AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965

Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other":

	Type	Received	Amount
1.	Federal Pell Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	TEACH Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Federal Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Federal Perkins Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Student financial assistance received under the Bureau of Indian Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Higher Education Tribal Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Tribally Controlled Colleges or Universities Grant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Employment training program under Section 134 of the Workforce Innovation and Opportunity Act (WIOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Other amounts awarded under Section 479B	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL Received			\$

PART 2 – AMOUNTS RECEIVED AS OTHER FINANCIAL ASSISTANCE

Other student financial assistance includes grants or scholarships (either need-based or merit-based) received from the following sources:

	Type	Received	Amount
1.	The Federal government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	A state (including U.S. territories), Tribe, or local government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	An institution of higher education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL Received			\$



PART 3 – OTHER MONETARY CONTRIBUTIONS

	Type	Received	Amount
1.	Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Gifts, including gifts from family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL Received			\$

PART 4 – COVERED COSTS

For each of the covered cost associated with attendance, identify how the cost will be covered.

	Cost	Method of Payment
1.	Tuition	
2.	Books	
3.	Supplies (including supplies and equipment to support students with learning disabilities or other disabilities)	
4.	Room	
5.	Board	
6.	Fees required and charged to a student by an institution of higher education	

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

The following is to be completed by management.

Information utilized to determine amounts to be listed on Tenant Income Certification.
(Note: Information entered below is gathered from THIS form and the Student Status/Assistance Verification Form)

Total Amount Received – Part 1: \$ _____ (Value A)

Total Amount Received – Part 2 + Part 3: \$ _____ (Value B)

Total Covered Cost: \$ _____ (Value C)

*Note: Covered cost is found on the Student Status/Assistance Verification Form)

Is Value A more than or equal to Value C? Yes No

If yes, Value B is the financial assistance income

Total Income \$ _____

If no, calculate Value A + Value B – Value C = financial assistance income

Total Income \$ _____



Federal, State, or regional entities. These flood hazard determinations are used to meet the floodplain management requirements of the NFIP.

The communities affected by the flood hazard determinations are provided in the tables below. Any request for reconsideration of the revised flood hazard information shown on the Preliminary FIRM and FIS report that satisfies the data requirements outlined in 44 CFR 67.6(b) is considered an appeal. Comments unrelated to the flood hazard determinations also will be considered before the FIRM and FIS report become effective.

Use of a Scientific Resolution Panel (SRP) is available to communities in support of the appeal resolution process. SRPs are independent panels of

experts in hydrology, hydraulics, and other pertinent sciences established to review conflicting scientific and technical data and provide recommendations for resolution. Use of the SRP only may be exercised after FEMA and local communities have been engaged in a collaborative consultation process for at least 60 days without a mutually acceptable resolution of an appeal. Additional information regarding the SRP process can be found online at https://www.floodsrp.org/pdfs/srp_overview.pdf.

The watersheds and/or communities affected are listed in the tables below. The Preliminary FIRM, and where applicable, FIS report for each community are available for inspection at both the online location <https://>

hazards.fema.gov/femaportal/prelim_download and the respective Community Map Repository address listed in the tables. For communities with multiple ongoing Preliminary studies, the studies can be identified by the unique project number and Preliminary FIRM date listed in the tables. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at <https://msc.fema.gov> for comparison. (Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

Nicholas A. Shufro,
Deputy Assistant Administrator for Risk Management, Federal Emergency Management Agency, Department of Homeland Security.

Community	Community map repository address
Woodson County, Kansas and Incorporated Areas Project: 21-07-0019S Preliminary Dates: February 3, 2023 and September 29, 2023	
City of Neosho Falls	Woodson County Courthouse, 105 West Rutledge Street, Yates Center, KS 66783.
City of Toronto	City Hall, 215 West Main Street, Toronto, KS 66777.
City of Yates Center	City Hall, 117 East Rutledge Street, Yates Center, KS 66783.
Unincorporated Areas of Woodson County	Woodson County Courthouse, 105 West Rutledge Street, Yates Center, KS 66783.

[FR Doc. 2024-01944 Filed 1-30-24; 8:45 am]
BILLING CODE 9110-12-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-6410-N-01]

Federally Mandated Exclusions From Income—Updated Listing

AGENCY: Office of the Assistant Secretary for Public and Indian Housing; Office of the Assistant Secretary for Housing-Federal Housing Commissioner; and Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: HUD’s regulations provide for HUD to periodically publish in the **Federal Register** a notice that lists sources of income specifically excluded by any Federal statute from consideration as income for purposes of determining eligibility or benefits in a HUD program. HUD last published a notice that listed federally mandated exclusions from consideration of income on May 20, 2014. This notice replaces the previously published version, adds new exclusions, and removes exclusions that are now codified in HUD regulations.

FOR FURTHER INFORMATION CONTACT: For Multifamily Housing programs: Jennifer Lavorel, Director, Program Administration Office, Office of Asset Management and Portfolio Oversight, telephone number 202-402-2515. For other Section 8 programs administered under 24 CFR part 882 (Moderate Rehabilitation) and under part 982 (Housing Choice Voucher): Ryan Jones, Director, Housing Voucher Management and Operations Division, Office of Public and Indian Housing, telephone number 202-402-2677. For Public Housing Programs administered under part 960: Kymian Ray, Director, Public Housing Management and Occupancy Division, Office of Public and Indian Housing, telephone number 202-402-2065. For Indian Housing Programs: Heidi Frechette, Deputy Assistant Secretary, Office of Native American Programs, Office of Public and Indian Housing, telephone number 202-401-7914. For the HOME Investment Partnerships Program and the Housing Trust Fund Program, Virginia Sardone, Director, Office of Affordable Housing Programs, Office of Community Planning and Development, at 202-708-2684, Room 7160; Rita Harcrow, Director, Office of HIV/AIDS Housing, Office of Community Planning and Development, at 202-402-5374, Room

7248; Jessie Kome, Director, Office of Block Grant Assistance, Office of Community Planning and Development, at 202-402-5539, Room 7282. The mailing address for each office contact is Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410. With the exception of the telephone number for the PIH Information Resource Center, these are not toll-free numbers. HUD welcomes and is prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. To learn more about how to make an accessible telephone call, please visit <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>.

Please note: Members of the public who are aware of any other Federal statutes that require certain income sources to be excluded from income or asset calculations in HUD programs, but are not mentioned in the notice, should submit information about the statute and the benefit program to one of the persons listed in the “For Further Information Contact” section above. Members of the public may also submit this information to the Regulations Division, Office of General Counsel, Department of Housing and Urban

Development, 451 7th Street SW, Room 10276, Washington, DC 20410-0500.

SUPPLEMENTARY INFORMATION: Under several HUD programs (Mortgage Insurance and Interest Reduction Payment for Rental Projects under 24 CFR part 236; Section 8 Housing Assistance programs; Public Housing programs); HOME Investment Partnerships Program under 24 CFR part 92; Housing Trust Fund under 24 CFR part 93; Housing Opportunities for Persons With AIDS under 24 CFR part 574, the definition of income excludes amounts of other benefits specifically excluded by Federal law.

Background

Certain HUD programs require income and asset calculations to determine eligibility and levels of assistance. Some HUD programs are required by statute to perform income and asset determinations and other HUD programs apply these requirements administratively through regulations, notices, contract agreements, etc. Any HUD program that requires income calculations for these purposes must not consider sources or amounts of income that are specifically excluded by Federal law. The purpose of this notice is to update the list of income and asset sources required by Federal law to be excluded from consideration in HUD programs.

Changes to the Previously Published List

HUD last published in the **Federal Register** a notice of federally mandated exclusions from income on May 20, 2014, at 79 FR 28938. Today's notice replaces the previously published version by adding four new income exclusions and correcting existing exclusions to identify where amounts are excluded from consideration as assets in HUD programs.

(1) Corrects an exception to payments, including for supportive services and reimbursement of out-of-pocket expenses, for volunteers under the Domestic Volunteer Service Act of 1973, listed as exclusion (2);

(2) Adds the amount of any refund (or advance payment with respect to a refundable credit) issued under the Internal Revenue Code is excluded from income and assets for a period of 12 months from receipt (26 U.S.C. 6409), listed as exclusion (14);

(3) Adds allowance paid to children of certain Thailand service veterans born with spina bifida (38 U.S.C. 1822), listed as exclusion (17);

(4) Corrects the exclusion of income applicable to programs under the Native American Housing Assistance and Self-

Determination Act (NAHASDA) (25 U.S.C. 4101 *et seq.*) to more accurately capture the language of 25 U.S.C. 4103(9), listed as exclusion (23);

(5) Corrects that any assistance, benefit, or amounts earned by or provided to the individual development account are excluded from income, as provided by the Assets for Independence Act, as amended (42 U.S.C. 604(h)(4)), listed as exclusion (25);

(6) Corrects that the first \$2,000 of per capita payments are also excluded from assets unless the per capita payments exceed the amount of the original Tribal Trust Settlement proceeds and are made from a Tribe's private bank account in which the Tribe has deposited the settlement proceeds (25 U.S.C. 117b(a), 25 U.S.C. 1407), listed as exclusion (26);

(7) Adds the value of, distributions from, and certain contributions to Achieving Better Life Experience (ABLE) accounts established under the ABLE Act of 2014 (Pub. L. 113-295.), listed as exclusion (28); and

(8) Adds assistance received by a household from payments made under the Emergency Rental Assistance Program pursuant to the Consolidated Appropriations Act, 2021 (Pub. L. 116-260), and the American Rescue Plan Act of 2021 (Pub. L. 117-2), listed as exclusion (29).

Updated List of Federally Mandated Exclusions From Income

The following updated list of Federally mandated income exclusions supersedes the notice published in the **Federal Register** on May 20, 2014. The exclusions listed below apply to income only, except where HUD states that the exclusion also applies to assets. Actual income earned from an excluded asset may be included in income if it is not deposited into an account that is disregarded and excluded under one of the below authorities. If an amount is in an excluded account, like an Independent Development Account or an ABLE account, then the statute or the regulations associated with that income/asset exclusion will dictate what portion of the income earned off the amount, if any, is to be included in the family's income. Please note that exclusions (13) and (23) have provisions that apply only to specific HUD programs):

(1) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b)). This exclusion also applies to assets;

(2) Payments, including for supportive services and reimbursement of out-of-pocket expenses, for volunteers under the Domestic Volunteer Service

Act of 1973 (42 U.S.C. 5044(f)(1), 42 U.S.C. 5058), are excluded from income except that the exclusion shall not apply in the case of such payments when the Chief Executive Officer of the Corporation for National and Community Service appointed under 42 U.S.C. 12651c determines that the value of all such payments, adjusted to reflect the number of hours such volunteers are serving, is equivalent to or greater than the minimum wage then in effect under the Fair Labor Standards Act of 1938 (29 U.S.C. 201 *et seq.*) or the minimum wage, under the laws of the State where such volunteers are serving, whichever is the greater (42 U.S.C. 5044(f)(1)). This exclusion also applies to assets;

(3) Certain payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626(c)). This exclusion also applies to assets;

(4) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 5506). This exclusion also applies to assets;

(5) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f)(1)). This exclusion also applies to assets;

(6) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, section 6). This exclusion also applies to assets;

(7) The first \$2000 of per capita shares received from judgment funds awarded by the National Indian Gaming Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, and the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands. This exclusion does not include proceeds of gaming operations regulated by the Commission (25 U.S.C. 1407-1408). This exclusion also applies to assets;

(8) Amounts of student financial assistance funded under title IV of the Higher Education Act of 1965 (20 U.S.C. 1070), including awards under Federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu). For section 8 programs only (42 U.S.C. 1437f), any financial assistance in excess of amounts received by an individual for tuition and any other required fees and charges under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall not be

considered income to that individual if the individual is over the age of 23 with dependent children (Pub. L. 109–115, section 327) (as amended)

(9) Payments received from programs funded under Title V of the Older Americans Act of 1965 (42 U.S.C. 3056g);

(10) Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund (Pub. L. 101–201) or any other fund established pursuant to the settlement in *In Re Agent Orange Product Liability Litigation*, M.D.L. No. 381 (E.D.N.Y.). This exclusion also applies to assets;

(11) Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96–420 section 9(c)). This exclusion also applies to assets;

(12) The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);

(13) Earned income tax credit (EITC) refund payments¹ received on or after January 1, 1991, for programs administered under the United States Housing Act of 1937, title V of the Housing Act of 1949, section 101 of the Housing and Urban Development Act of 1965, and sections 221(d)(3), 235, and 236 of the National Housing Act (26 U.S.C. 32(l)). This exclusion also applies to assets;

(14) The amount of any refund (or advance payment with respect to a refundable credit) issued under the Internal Revenue Code is excluded from income and assets for a period of 12 months from receipt (26 U.S.C. 6409);

(15) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (Pub. L. 95–433 section 2). This exclusion also applies to assets;

(16) Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));

(17) Any allowance paid to children of Vietnam veterans born with spina bifida (38 U.S.C. 1802–05), children of women Vietnam veterans born with certain birth defects (38 U.S.C. 1811–16), and children of certain Korean and Thailand service veterans born with spina bifida (38 U.S.C. 1821–22) is

excluded from income and assets (38 U.S.C. 1833(c)).

(18) Any amount of crime victim compensation that provides medical or other assistance (or payment or reimbursement of the cost of such assistance) under the Victims of Crime Act of 1984 received through a crime victim assistance program, unless the total amount of assistance that the applicant receives from all such programs is sufficient to fully compensate the applicant for losses suffered as a result of the crime (34 U.S.C. 20102(c)). This exclusion also applies to assets;

(19) Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998 reauthorized as the Workforce Innovation and Opportunity Act of 2014 (29 U.S.C. 3241(a)(2));

(20) Any amount received under the Richard B. Russell School Lunch Act (42 U.S.C. 1760(e)) and the Child Nutrition Act of 1966 (42 U.S.C. 1780(b)), including reduced-price lunches and food under the Special Supplemental Food Program for Women, Infants, and Children (WIC). This exclusion also applies to assets;

(21) Payments, funds, or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990 (Pub. L. 101–503 section 8(b)). This exclusion also applies to assets;

(22) Payments from any deferred U.S. Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts (42 U.S.C. 1437a(b)(4));

(23) Any amounts (i) not actually received by the family, (ii) that would be eligible for exclusion under 42 U.S.C. 1382b(a)(7), and (iii) received for service-connected disability under 38 U.S.C. chapter 11 or dependency and indemnity compensation under 38 U.S.C. chapter 13 (25 U.S.C. 4103(9)(C)) as provided by an amendment by the Indian Veterans Housing Opportunity Act of 2010 (Pub. L. 111–269 section 2) to the definition of income applicable to programs under the Native American Housing Assistance and Self-Determination Act (NAHASDA) (25 U.S.C. 4101 *et seq.*);

(24) A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the case entitled *Elouise Cobell et al. v. Ken Salazar et al.*, 816 F.Supp.2d 10 (Oct. 5, 2011 D.D.C.), for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010 (Pub. L. 111–291 section

101(f)(2)). This exclusion also applies to assets;

(25) Any amounts in an “individual development account” are excluded from assets and any assistance, benefit, or amounts earned by or provided to the individual development account are excluded from income, as provided by the Assets for Independence Act, as amended (42 U.S.C. 604(h)(4));

(26) Per capita payments made from the proceeds of Indian Tribal Trust Settlements listed in IRS Notice 2013–1 and 2013–55 must be excluded from annual income unless the per capita payments exceed the amount of the original Tribal Trust Settlement proceeds and are made from a Tribe’s private bank account in which the Tribe has deposited the settlement proceeds. Such amounts received in excess of the Tribal Trust Settlement are included in the gross income of the members of the Tribe receiving the per capita payments as described in IRS Notice 2013–1. The first \$2,000 of per capita payments are also excluded from assets unless the per capita payments exceed the amount of the original Tribal Trust Settlement proceeds and are made from a Tribe’s private bank account in which the Tribe has deposited the settlement proceeds (25 U.S.C. 117b(a), 25 U.S.C. 1407);

(27) Federal assistance for a major disaster or emergency received by individuals and families under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93–288, as amended) and comparable disaster assistance provided by States, local governments, and disaster assistance organizations (42 U.S.C. 5155(d)). This exclusion also applies to assets;

(28) Any amount in an Achieving Better Life Experience (ABLE) account, distributions from and certain contributions to an ABLE account established under the ABLE Act of 2014 (Pub. L. 113–295.), as described in Notice PIH 2019–09/H 2019–06 or subsequent or superseding notice is excluded from income and assets; and

(29) Assistance received by a household under the Emergency Rental Assistance Program pursuant to the Consolidated Appropriations Act, 2021 (Pub. L. 116–260, section 501(j)), and the American Rescue Plan Act of 2021

¹ Please note: While this income exclusion addresses EITC refund payments for certain HUD programs, the exclusion in 26 U.S.C. 6409 excludes Federal tax refunds more broadly for any Federal program or under any State or local program financed in whole or in part with Federal fund.

(Pub. L. 117–2, section 3201). This exclusion also applies to assets.

Richard Monocchio,

Principal Deputy Assistant Secretary for Public and Indian Housing.

Julia R. Gordon,

Associate General Deputy Assistant Secretary for Housing—Associate Deputy Federal Housing Commissioner.

Marion M. McFadden,

Principal Deputy Assistant Secretary for Community Planning and Development.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

[FWS–R1–ES–2023–N104; FXES11130100000–245–FF01E00000]

Endangered Species; Receipt of Recovery Permit Applications

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of receipt of permit applications; request for comments.

SUMMARY: We, the U.S. Fish and Wildlife Service, have received applications for permits to conduct activities intended to enhance the propagation and survival of endangered species under the Endangered Species Act. We invite the public and local, State, Tribal, and Federal agencies to comment on these applications. Before issuing the requested permits, we will take into consideration any information that we receive during the public comment period.

DATES: We must receive your written comments on or before March 1, 2024.

ADDRESSES: Document availability and comment submission: Submit a request for a copy of the application and related documents and submit any comments by one of the following methods. All requests and comments should specify the applicant name and application number (e.g., Dana Ross, ES001705):

- Email: permitsR1ES@fws.gov.
- U.S. Mail: Marilet Zablan, Regional Program Manager, Restoration and Endangered Species Classification, Ecological Services, U.S. Fish and Wildlife Service, Pacific Regional Office, 911 NE 11th Avenue, Portland, OR 97232–4181.

FOR FURTHER INFORMATION CONTACT:

Karen Colson, Regional Recovery Permit Coordinator, Ecological Services, (503) 231–6283 (telephone); permitsR1ES@fws.gov (email). Individuals in the United States who are deaf, deafblind, hard of hearing, or have a speech disability may dial 711 (TTY, TDD, or TeleBraille) to access telecommunications relay services. Individuals outside the United States should use the relay services offered within their country to make international calls to the point-of-contact in the United States.

SUPPLEMENTARY INFORMATION: We, the U.S. Fish and Wildlife Service, invite the public to comment on applications for permits under section 10(a)(1)(A) of the Endangered Species Act of 1973, as amended (ESA; 16 U.S.C. 1531 *et seq.*). The requested permits would allow the applicants to conduct activities intended to promote recovery of species that are listed as endangered under the ESA.

Background

With some exceptions, the ESA prohibits activities that constitute take

of listed species unless a Federal permit is issued that allows such activity. The ESA’s definition of “take” includes such activities as pursuing, harassing, trapping, capturing, or collecting, in addition to hunting, shooting, harming, wounding, or killing.

A recovery permit issued by us under section 10(a)(1)(A) of the ESA authorizes the permittee to conduct activities with endangered or threatened species for scientific purposes that promote recovery or for enhancement of propagation or survival of the species. These activities often include such prohibited actions as capture and collection. Our regulations implementing section 10(a)(1)(A) for these permits are found in the Code of Federal Regulations (CFR) at 50 CFR 17.22 for endangered wildlife species, 50 CFR 17.32 for threatened wildlife species, 50 CFR 17.62 for endangered plant species, and 50 CFR 17.72 for threatened plant species.

Permit Applications Available for Review and Comment

Proposed activities in the following permit requests are for the recovery and enhancement of propagation or survival of the species in the wild. The ESA requires that we invite public comment before issuing these permits. Accordingly, we invite local, State, Tribal, and Federal agencies and the public to submit written data, views, or arguments with respect to these applications. The comments and recommendations that will be most useful and likely to influence agency decisions are those supported by quantitative information or studies.

Application No.	Applicant, city, state	Species	Location	Take activity	Permit action
PER5646208	Christopher Adams, Oregon State University, OR.	Taylor’s checkerspot butterfly (<i>Euphydryas editha taylori</i>).	Oregon	Harass by handle and captively propagate.	New.
ES69397C	Seattle Aquarium Society, Seattle, WA.	Hawksbill sea turtle (<i>Eretmochelys imbricata</i>), Leatherback sea turtle (<i>Dermochelys coriacea</i>), Loggerhead sea turtle (<i>Caretta caretta</i>).	Washington and Oregon.	Harass by handle, measure, weigh, biosample, mark, transfer, and release.	Renew with changes.

Public Availability of Comments

Written comments we receive become part of the administrative record associated with this action. Before including your address, phone number, email address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can request in your comment

that we withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so. All submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be made available for public disclosure in their entirety.

Next Steps

If we decide to issue a permit to the applicant listed in this notice, we will publish a notice in the **Federal Register**.

Authority

We publish this notice under section 10(c) of the Endangered Species Act of



Language Access Plan

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 13166 require that recipients of federal funds take responsible steps to ensure meaningful access by persons with limited English proficiency (“LEP persons”). The North Carolina Housing Finance Agency (“NCHFA” or “NC Housing Finance Agency”) is a recipient of federal funds for a portion of its programs and thus obligated to reduce language barriers that can preclude meaningful access by LEP persons to NC Housing Finance Agency’s programs.

For the purposes of this plan:

- a) *LEP* means Limited English Proficiency.
- b) *LAP* means Language Access Plan.
- c) *Limited English Proficiency person means* a person who does not speak English as their primary language and who has a limited ability to speak, read, write or understand English.
- d) *Sub-grantee* means an entity designated as a recipient for funding assistance whether directly or indirectly from the NC Housing Finance Agency which provides housing, benefits, counseling, or other assistance to individuals or other entities. This includes, but is not limited to, any unit of local government, public housing authority, community housing development organization, public or private nonprofit agency, developer, private agency or institution, builder, property manager, residential management corporation, or cooperative association which receives funding assistance from the NC Housing Finance Agency.

Analysis

The NC Housing Finance Agency conducted a four-factor analysis, considering (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by NC Housing Finance Agency or its federally funded programs, (2) frequency with which LEP persons come into contact with NC Housing Finance Agency programs, (3) nature and importance of the program, activity or service to people’s lives and (4) resources available and costs:

- (1) Per the 2021 American Community Survey Five-Year Estimate, 7.7% of North Carolina’s population speaks Spanish at home, and 3.1% of North Carolina’s population is Spanish-speaking with limited English proficiency at home. No other language group has a sizeable LEP population. About 87.9% of North Carolina’s population speaks only English at home.
- (2) NC Housing Finance Agency primarily provides funds to organizations and rarely interacts directly with individual households. Even in situations where the funds directly benefit an individual household, NCHFA’s contact is almost entirely with the organization or lender assisting the household, not with the household itself. NC Housing Finance Agency provides housing assistance through local government, nonprofit and for-profit partners. As a result,

Updated 09/26/23

North Carolinian individuals, including LEP persons, infrequently come in contact with federally-funded programs directly through NC Housing Finance Agency.

- (3) NC Housing Finance Agency helps provide an important and acute need in people's lives, housing. Generally, NC Housing Finance Agency's single-family housing programs serve individuals through government, nonprofit and for-profit partners and its multifamily housing programs work with developers and property managers; NC Housing Finance Agency has limited programmatic interaction with individuals.
- (4) In response to the significant Spanish-speaking population in North Carolina, NC Housing Finance Agency has a Spanish version of its website and has vital documents, program brochures and materials available in Spanish. In addition, NC Housing Finance Agency staff members who are bilingual in English and Spanish are available to translate. Upon request, NC Housing Finance Agency will provide oral interpretation and/or written translation in other languages. NC Housing Finance Agency will have available language identification (or "I speak") cards or posters. If other significant populations of LEP persons are identified, NC Housing Finance Agency will consider additional targeted measures to serve those populations.

Because virtually all assistance is provided by NC Housing Finance Agency's partners, all sub-grantees are and will be required to comply with Title VI and its accompanying regulations. All organizations receiving federal funds will conduct and provide a four-factor analysis to NC Housing Finance Agency and organizations serving counties with an LEP group that is at least 5% or at least 1,000 people will be required to complete an LAP. NC Housing Finance Agency will assist agencies in finding appropriate translation resources and will disseminate translated U.S. Department of Housing and Urban Development ("HUD") notices, brochures and other documents. Additionally, individual NC Housing Finance Agency programs may provide more language access assistance beyond the strategies described within this plan.

Evaluation

NC Housing Finance Agency will update its four-factor analysis and LAP as warranted to ensure it continues to provide meaningful access to LEP persons as and will revise its policies and procedures as necessary. Additionally, if the NC Housing Finance Agency learns that the number of LEP persons speaking any given language exceeds 2% of the North Carolina population¹, NC Housing Agency will review and, as warranted, update its language access strategies and language access plan. NC Housing Finance Agency staff will also be trained on LEP policies and procedures.

NC Housing Finance Agency's LAP is available to the public. The information will be made available in a form accessible to persons with disabilities upon request to NCHFA, 3508 Bush Street, Raleigh NC 27609, Tel. (919) 877-5700.

Citizens, public agencies and other interested parties will have reasonable and timely access to information and records relating to the LAP. All records that are public under G.S. 132 will be made accessible to interested individuals and groups during normal working hours.

¹ Based on analysis of the most recent US Census Bureau ACS 5-Year Estimates Detailed Table C16001.

Updated 09/26/23

At any time, citizens may submit complaints related to the LAP by contacting NC Housing Finance Agency's LAP/LEP contact people: Brian O'Donnell and Bettie Teasley at ResearchHelp@nchfa.com. NC Housing Finance Agency will provide a written response to every written complaint that relates to the LAP within 30 business days.

Updated 09/26/23



NCHFA Guidance for Developing a Four Factor Analysis and LAP

Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 13166 require that recipients of federal funds take responsible steps to ensure meaningful access by persons with limited English proficiency. A Limited English Proficient (LEP) person is a person who does not speak English as their primary language and who has a limited ability to read, speak, write or understand English. To ensure meaningful access to its programs for LEP persons, NCHFA requires that all its recipients receiving federal funds conduct a Four Factor Analysis.

To conduct the first part of the Analysis, you will need to access Census Data.

- Go to <https://data.census.gov/cedsci/> and search for C16001 to access the table “Language Spoken at Home for the Population 5 Years and Over.”
- Click on the Product selector and pull down to select the latest available “ACS 5-Year Estimates Detailed Tables.”
- Select “Geos” and under Geography select “County,” then select “North Carolina,” then “All Counties within North Carolina.”¹
- Click “Close.”
- Select “Excel” from the top menu bar, then “Export to Excel.”

For any LEP group that is at least 1,000 people or is 5% or more of your county’s total population, NCHFA considers that significant size and requires a Language Assistance Plan (LAP). Each project still needs to conduct the Four Factor Analysis if the LEP population(s) are smaller than 1,000 people or 5% of the county population.

To determine if you reach the 5% or higher threshold, take the total number of people in your county and multiply by 0.05. After you have this number, compare it to the numbers in the columns “Speak English less than very well.” If the number is the same or higher than the 5% number you calculated, the population of this language group is considered to be of significant size and requires a Language Access Plan (LAP) which will be discussed later in this guidance.

¹ Alternatively, you can select only those counties in your service area. If your service area is smaller than the county level or these county-level data otherwise do not align “the number or proportion of LEP persons eligible to be served or likely to be encountered,” other reliable data sources may be used.

To conduct a Four Factor Analysis, you must assess the following:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient (see above for instructions);
2. The frequency with which LEP individuals come in contact with the program;
3. The nature and importance of the program, activity or service provided by the program to people's lives; and
4. The resources available to the recipient and costs.

If your Data show a percentage is 5% or greater or an LEP group with at least 1,000 people, you will need to create a Language Access Plan (LAP). In addition to the information provided for your Four Factor Analysis, your LAP, which should be a concise document of 1-2 pages, should address what language assistance services will be provided if requested or needed. For example, if your organization has bilingual staff or a program website in another language, these would be considered language assistance services. You can also include items like your organization will contact the Carolina Association of Interpreters and Translators if language services are requested and/or have HUD's "I Speak" cards available in your office for LEP persons who walk in. Other examples of language assistance services include: contracting with another organization to supply an interpreter when needed; using a telephone service line interpreter; or seeking the assistance of another agency in the same community with bilingual staff to provide oral interpretation. HUD's "I Speak" cards and some translated materials are available here:

https://www.hud.gov/program_offices/fair_housing_equal_opp/17lep.

The LAP should also include the following:

- Plan for outreach to LEP communities;
- Plan for training staff members on your LAP and on federal LEP guidance (available at https://www.lep.gov/guidance/guidance_index.html);
- List of vital documents to be translated (if any);
- Plan for translating informational materials that detail services for beneficiaries;
- Plan for providing interpreters for meetings (if needed);
- Plan for developing community resources, partnerships and other relationships to help with the provision of language services; and
- Designation of LEP/LAP contact person and address the process for handling complaints and updating the LAP.

Furthermore, the organization must maintain records regarding their efforts to comply with Title VI LEP obligations, including documents related to the Four Factor Analysis, the LAP and LEP services provided. Such records should be available for State monitoring if needed.

Additional guidance for four-factor analysis and LAP creation:

HUD Guidance: https://www.hud.gov/program_offices/fair_housing_equal_opp/promotingfh/lep-faq

DOJ Guidance: <https://www.federalregister.gov/documents/2000/08/16/00-20867/enforcement-of-title-vi-of-the-civil-rights-act-of-1964-national-origin-discrimination-against>

Updated: 01/06/2023

	LIHC	Tax Exempt Bond	Section 8	Rural Development	HOME
Income Certification Form	Required form: Tenant Income Certification (TIC)	LIHC Income Cert	50058 (for 3rd party + TIC) 50059 (in place of TIC after MI)	RD 3560-8 (in place of TIC after MI)	LIHC Income Cert
Move-in Effective Dates	Actual move-in date	Actual move-in date	Actual move-in date	1st day of the month, regardless of actual MI date	Actual move-in date
Recertification Timing	No AR required if 100% low income. Agency requires 1st year AR. Mixed income must recertify annually on anniversary of MI. (Agency will allow AR to be effective on 1st of anniversary month)	Same as LIHC	Recertified annually effective on the 1st day of anniversary month.	Recertified within 12 months of the most recent full AR.	Recertified in the 6th year of affordability period. If HOME funds from Agency, must recertify annually.
Mid-year Income Changes	No effect. *DHHS Targeting Program w/ Key Assistance - special circumstances apply	No effect	Income changes within certain parameters trigger an interim recert, where only items that have changed are verified; AR date remains the same	Income changes within certain parameters trigger a full AR, where all info is verified; next AR date is 12 months later	No effect
Student Rules	HH comprised of all full-time students not allowed unless an exception is met. Student financial assistance excluded from income unless the HH receives Section 8 assistance	Same as LIHC	Students (FT or PT) are disqualified unless 24+ OR age 23 & younger with a dependent child, OR married, OR a veteran, OR living w/ parents who receive Section 8 assistance. If receiving rental assistance, student financial assistance is included in income unless 23+ with a dependent child or student lives w/ parents. If no rental asst, student financial asst is excluded.	Students eligible if: 18+ and have established home apart from parents; not claimed by parents on tax return; any assistance received from parents is disclosed. If receiving project based section 8, student financial assistance is included in income for projects w/ project based section 8. If no rental assistance, student financial assistance is excluded.	Same as Section 8
Income Verification	HUD 4350.3 Verification methods. 3rd party preferred method. Check stubs are 3rd party, need 4-6 consecutive	Same as LIHC	Enterprise Income Verification System (EIV)	Same as LIHC	2 months of source documentation of income. VOE not allowed unless YTD contains 2 months of source data.

	LIHC	Tax Exempt Bond	Section 8	Rural Development	HOME
Income Set-asides*	50%, 60% AMI or Income Averaging w/ no more than 4 bands ranging from 20% - 80%, with average not to exceed 60%	Same as LIHC	30%, 50% or 80% AMI	50%, 80% AMI or Moderate Income Level	50% or 80% AMI
Rent Requirements	Rent tied to income set-aside	No rent restrictions	Rent determined by HUD	Rent determined by RD	Rent tied to income set-aside. If Agency loan, rents must be approved.
Utility Allowances	7 acceptable methodologies to establish UA. UA must be approved annually by the Agency	N/A	HUD approves UA (can't use LIHC methods)	RD approves UA (can't use LIHC methods)	PHA UA not allowed on project w/ funds committed after 8/23/13 Final Rule
Income and Rent Limits	MTSP charts published annually by HUD; actual limits are property-specific due to additional rules. Limits held harmless after PIS. Rent floor established as of allocation date	Same as LIHC, except no rent restrictions	Section 8 charts published annually by HUD; allowed to decrease	Published annually by RD; held harmless	Same as Section 8; must be published by CPD before implementation
Lease Requirements	At least 6 month initial term; no required form	Same as LIHC	HUD approved lease	RD approved lease	At least 12 month initial term w/ prohibited lease terms. If Agency loan, must use NCHFA HOME Lease Addendum
Reserve Requirements	N/A	N/A	HUD determines deposits & approves withdrawals	RD determines deposits & approves withdrawals	PJ determines deposits & approves withdrawals
Reporting Systems	Rental Compliance Reporting System (RCRS)	N/A	Tenant Rental Assistance Certification System (TRACS)	Management Agent Interactive Network Connection (MINC)	Integrated Disbursement & Information System (IDIS). Initial qualifying move-ins only; reported to HUD by PJ
Elderly Definition	All HH members 62+ OR at least 1 person 55+ in 80% of units. If layered w/ Federal Program, follow that programs definition	Same as LIHC	Follow program definitions	62+ or disabled at any age	Same as LIHC
Occupancy	Owner sets occupancy guidelines	Same as LIHC	Not allowed to underutilize or overcrowd	If rental assistance, not allowed to underutilize or overcrowd	Same as LIHC

	LIHC	Tax Exempt Bond	Section 8	Rural Development	HOME
Transfers	Sometimes allowed (See LIHC rules related to transfers)	Must always be income qualified to transfer; If combined with LIHC, follow LIHC rules	Always Allowed	Always Allowed	Always Allowed
Over Income at Annual	Allowed to remain housed (See LIHC rules regarding OI HH)	Same as LIHC	HUD - Allowed to remain housed; subsidy adjusted accordingly PIH - after OI for 24 months; PHA must terminate tenancy w/in 6 mo. or charge alt rent.	Required to move if above allowed income level	Allowed to remain housed; if over 80% AMI, must calculate rent as 30% of adjusted income.
Citizenship	No Requirement	No Requirement	Only U.S. citizens or eligible non citizens may receive assistance	No requirement for 515	No Requirement
NOTES:	*LIHC Mid-year Income Changes: For DHHS Targeting w/ Key Assistance, if HH income ↓ and makes the rent ↓ as in a job loss, etc. complete an update event/recertification (depending on funding sources for the property or management's preferences). If HH income ↑ no event completed until next AR date. If HH composition changes a complete AR should be completed to include all income/assets.				
	*Income Set-asides: Universal to most housing programs is 30% AMI = Extremely Low Income (ELI); 50% AMI = Very Low Income (VLI); 80% AMI = Low Income (LI)				

Acronym Cheat Sheet

ACH	Automated Clearing House
ADA	Americans with Disabilities Act
AFHMP	Affirmative Fair Housing Marketing Plan
AMI	Area Median Income
AOC	Annual Owners Certification
ARRA	American Recovery and Reinvestment Act of 2009
BIN	Building Identification Number
CDBG	Community Development Block Grant
CFR	Code of Federal Regulations
CHDO	Community Housing Development Organization
CO	Certificate of Occupancy
CPD	Community Planning and Development
DHHS	Department of Health and Human Services
EUA	Extended Use Agreement
FHA	Fair Housing Act 1968 (1974/1988)
FMR	Fair Market Rent
HAP	Housing Assistance Payment
HCV	Housing Choice Voucher
HERA	Housing and Economic Recovery Act of 2008
HFA	Housing Finance Agency
HOME	HOME Investment Partnerships Program
HOPWA	Housing Opportunities for Persons with AIDS
HQS	Housing Quality Standards
HTF	Housing Trust Fund
HUD	U.S. Department of Housing and Urban Development
IRC	Internal Revenue Code
IRS	Internal Revenue Service
LEP	Limited English Proficiency
LIHC	Low Income Housing Credit

Acronym Cheat Sheet

LURA	Land Use Restriction Agreement
MSA	Metropolitan Statistical Area
MTSP	Multi-family Tax Subsidy Program
NCHFA	North Carolina Housing Finance Agency
PBRA	Project-based Rental Assistance
PHA	Public Housing Authority
PJ	Participating Jurisdictions
PLP	Preservation Loan Program
QAP	Qualified Allocation Plan
RA	Rental Assistance
RAD	Rental Assistance Demonstration
RD	Rural Development
REAC	Real Estate Assessment Center
RPP	Rental Production Program
SHDP	Supportive Housing Development Program
SRO	Single Room Occupancy
STC	State Tax Credits
TANF	Temporary Aid to Needy Families
TBRA	Tenant Based Rental Assistance
TSP	Tenant Selection Plan
TTP	Total Tenant Payment
UA	Utility Allowance
UPCS	Uniform Physical Conditions Standards
USDA	U.S. Department of Agriculture
VASH	Veterans Affairs Supportive Housing Program
VAWA	Violence Against Women Act
WHLP	Workforce Housing Loan Program
WIA	Workforce Investment Act